Clackmannanshire & Stirling
Health & Social Care Partnership

The meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **20 November 2024, 2 pm – 5 pm** in the Boardroom, Carseview House, Stirling, and hybrid via MS Teams

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

AGENDA

1. Welcome and Apologies
2. Notification of Substitutes
3. Declaration(s) of Interest
4. Draft Minute of the Integration Joint Board meeting held on 07 August 2024
5. Action Log
6. Chief Officer Update — Verbal

For Decision with Direction

7. Commissioning a Change to the Model of Long Term Care for Older Adults — David Williams
8. Implementing the Clackmannanshire and Stirling Self-directed Support Policy for Adults with Learning Disabilities — David Williams
9. Palliative and End of Life Care — David Williams
10. Financial Recovery — Ewan Murray

For Decision without Direction

11. Financial Report — Ewan Murray
12. Quarter 2 Performance Report — TBC
13. Revised Standing Orders — Lesley Fulford

For Consideration and Noting

14. Integrated Clinical and Professional Care Governance Assurance — David Williams

15. Minutes

    a. Strategic Planning Group – 21.08.2024

Date of next meeting

29 January 2025

Expected Papers

For decision with and without Direction:

Joint Inspection Adult Services Report and draft Improvement Plan
Finance Report and Budget Update
Draft 25/26 IJB Business Case
MSG Review
Grants Policy
Primary Care Update – Governance arrangements
Care at Home Commissioning

For note:

Annual NHS FV Clinical Governance Report
CSWO Annual Report Stirling Council
CSWO Annual Report Clackmannanshire Council
ADP Annual Report
LOIP Clackmannanshire Council
LOIP Stirling Council

Clackmannanshire & Stirling Integration Joint Board

Draft Minute of IJB Meeting held on 02 October 2024

For Approval

Approved for Submission by	David Williams, Interim Chief Officer
Paper presented by	N/A
Author	Sandra Comrie, PA
Exempt Report	No

Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 02 October 2024, in the Boardroom, Carseview House, Stirling**

PRESENT

Voting Members

Councillor David Wilson (Chair), Stirling Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Janine Rennie, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
John Stuart, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Members, NHS Forth Valley

Non-Voting Members
David Williams, Interim Chief Officer
Ewan Murray, Chief Finance Officer, IJB and HSCP
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Eileen Wallace, Service User Representative, Stirling
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Andrew Murray, Medical Director, NHS Forth Valley
Lorraine Robertson, Chief Nurse HSCP
Julie Morrison, Union Representative, Stirling
Michael Grassom, Interim Chief Social Work Officer, Stirling Council

Advisory Members
Lesley Fulford, Standards Officer
Caroline Sinclair, Chief Executive, Stirling Council
Nikki Bridle, Chief Executive, Clackmannanshire Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Sandra Comrie, PA (minutes)

1. APOLOGIES FOR ABSENCE

Councillor Wilson explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Narek Bido, Third Sector Representative, Clackmannanshire
Helen Duncan, Third Sector Representative, Stirling
Paul Morris, Carers Representative, Clackmannanshire

2. NOTIFICATION OF SUBSTITUTES

None

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. DRAFT MINUTE OF MEETING HELD ON 07 August 2024

The draft minute of the meeting held on 07 August 2024, was approved, with the following amendments:

5. Action Log - Mr Fairbairn suggested there is an update at each meeting to show how the IJB are measuring performance against the implementation of Directions.

13. Committee Dates – IJB meeting date 22nd January 2024 was incorrect; this should be amended to 29th January 2024.

5. ACTION LOG

The action log was reviewed and updated.

6. CASE STUDY

The case study story linked in with the Commissioning Approach for Dementia paper which was on the agenda.

Mr Williams introduced a short film highlighting the importance of the work carried out by Dementia Friendly Dunblane, in conjunction with the Commissioning Consortium work. It demonstrated the importance of informal support at the early stages of dementia diagnosis.

Mr Stuart asked what the financial commitment was to support the service. Mr Williams confirmed £33,000 was allocated to this type of provision, annually.

The Board acknowledged the work which Breda Seaman has contributed to the service.

7. CHIEF OFFICER UPDATE

Mr Williams provided a verbal update to the IJB.

Mr Williams explained that recruitment for the new interim Chief Officer role was progressing.

There had recently been a national news story published in Scotland about the National Care Service, following on from the COSLA leaders meeting. Mr Willams provided an update explaining that COSLA were reluctant to engage with Scottish Government with their plans for the service. Scottish Government are committed to continue to try and progress with this work.

Members of the senior management leadership team and the Chief Social Work Officers, from Clackmannanshire and Stirling Council, met with the joint inspection team on 29th October 2024. Mr Williams confirmed work had now concluded in relation to the joint inspection of the Health and Social Care Integration of Adult Services in Clackmannanshire and Stirling, with particular focus on mental health provision. They presented their conclusions and findings confirming the draft report will be available at the beginning of November 2024. The final report will follow at the start of December 2024 and an improvement plan will be submitted in January 2024. The work on the improvement plan has now started.

Mr Williams shared the joint inspection team presentation with the Board. This was based on the inspection themes of how effectively the partnership is working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults and people living with mental illness. He provided an update on the following areas:

- The inspection activity to date
- Review of records: headline findings
- Team around the person: headline findings
- Review of good practice examples
- Quality indicators
- High level messages

The message throughout the presentation was that the partnership was not integrated enough and could not demonstrate this in terms of operational provision and management but also in terms of strategic planning. The inspection team recognised the important steps which had been taken by Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) this year to improve services.

Mr Stuart asked for reassurance that the findings would be communicated appropriately for staff. Mr Williams explained that there are steering group meetings in place every fortnight with the Chief Social Work Officers from Clackmannanshire and Stirling Council, which will continue until the end of the year to plan activity including communications.

Mr Earl provided feedback from a meeting he had with Self Directed Support (SDS) Forth Valley, which was similar to some points in the findings and requested that consideration be given to a presentation from SDS FV to the IJB at some

point. Ms Forrest confirmed that the SDS steering group has been in place for past 2 years, working closely with SDS Forth Valley. Ms Forrest provided an update on the progress explaining the Annual Performance Report provided the numbers of the uptake in terms of direct payment. She confirmed that the ongoing work on the right care right time programme was focused on monitoring and measuring against the impact of SDS so it can be reported through the IJB.

The Board discussed the timetable for drafting of the improvement plan for the inspection work. Mr Grassom confirmed regular meetings were taking place with the care inspectorate link inspectors to provide feedback and assurance of the progress being made in relation to improvements plans required from any inspection.

As the IJB are at an important part of the integration process Mr Fairbairn asked whether the joint inspection improvement plan should be a standing agenda item for the IJB going forward. Mr Williams agreed to consider this and confirmed the draft report will be reviewed before the IJB meeting on 20 November 2024.

A paper with the key messages from the draft report and the improvement plan will be brought to the IJB on 29 January 2025.

8. INDEPENDENT ADVOCACY STRATEGIC COMMISSIOINING PLAN

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

There is a requirement to extend the current arrangements within the commissioning for an Independent Advocacy Service.

Ms Forrest explained NHS Forth Valley and the local authorities had a statutory responsibility to provide access to independent advocacy for specific groups of people in receipt of children and adults services. The draft Independent Advocacy Strategic Commissioning Plan 2024 -2027 provides a three-year plan which aims to improve the lives of those with a right to and a need for advocacy services. The HSCP is working to modernise the contracting arrangements to better reflect local need and demand for service.

The Board discussed the improvement plan and the financial resource available. Ms Forrest confirmed there was a requirement to build more capacity and create opportunities for people to be signposted for support. This will be referenced in the advocacy improvement plan to reflect the need and demand at local level. Mr Rennie suggested a communication plan is put in place to look at better ways to communicate. Ms Forrest explained she would look into the availability of support through the wider partnership and the third sector.

The Integration Joint Board:

1) **Noted the content of the paper;**

2) **Approved the Clackmannanshire & Stirling IJB Independent Advocacy Strategic Commissioning Plan 2024-2027;**
3) **Approved the establishment of a Commissioning Consortium approach to establish ongoing advocacy provision arrangements beyond October 2025;**
4) **Issued Directions as set out at the end of this paper to NHS Forth Valley, Clackmannanshire and Stirling Councils.**

9. COMMISSIOING APPROACH FOR DEMENTIA

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement

The paper linked in with the case study which outlined the importance for early intervention and support for people in their dementia journey, and the impact of funding through the post diagnostic support approach. Ms Forrest explained the paper set out where money is currently being spent and the model of care laid out where the focus should be going forward to support people on their dementia journey.

Following discussions Mr Williams explained the purpose of the Direction is for the constituent authorities to support their employees to implement the Model of Care for Dementia. This will be reviewed by March 2025 and another paper with a Implementation Plan on the delivery of the model will be brought back to the IJB. Mr Wiliams agreed that something should be included for care at home provision and adult support and protection as there is nothing to reference how we are addressing this support.

The Integration Joint Board:

1) **Noted the content of the paper and development of the Model of Care for Dementia by the Dementia Commissioning Consortium;**
2) **Approved the Model of Care for Dementia and the direction of travel set out to provide increased levels of provision of pre and post diagnosis support at levels 1 and 2 involving resource shift from more intensive levels of provision as set out in the paper (the detail of which will continue to be progressed with a further paper to the IJB before the end of the current financial year);**
3) **Issued Directions as set out in the attached appendix.**

10. FINANCIAL REPORT

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer. Mr Murray confirmed the financial report continued to set a deeply concerning position for the partnership budget. He explained that the projections contained within the report reflect that the worsening position was largely due to primary care prescribing and the noticeable increase in the cost per item since the June figure.

The position was worse than reported at the IJB on 07 August 2024. The report highlighted the areas of material variances, and it had not proved possible to present a detailed recover plan which would recover the position in the current financial year. Mr Murray will continue to work collaboratively with Clackmannanshire and Stirling Council Chief Finance Officers and NHS Forth Valley's Director of Finance. He explained services continued to experience a high level of demand, but the report detailed where there opportunities to deliver against the Strategic Commissioning Plan priorities at a reduced cost albeit none of these would materially impact on the current year projections. The report set out alternative options to reduce which could have a positive impact in the current financial year.

The level of projected overspend posed a existential threat to the constituent authorities which required to be taken into consideration if alterative options to reduce cost in the very short term are not undertaken. Mr Murray explained that there would be significant risks in these approaches, which require to be taken into consideration, including the risk of failure to discharge statutory responsibility to the NHS Board and the risk to both performance and possibility of medium to longer term cost increases.

At the meeting on 07 August 2024 Mr Williams committed to reporting back to the IJB on 02 October 2024 with clear plans on how to recover the position. He confirmed that there was still work required on the recovery plan and this and more detail will be brought to the IJB on 20 November 2024. The projected overspend was more than any of the constituent authorities would be able to accommodate and the paper set out three options around what couple happen at the end of the financial year if they do not have sufficient reserves to cover. As the integration scheme does provide a clear basis of what would happen in this situation Mr Williams suggested that the Board might to consider that himself and Mr Murray should engage with Scottish Government with a view to ensuring they are aware of the situation and explore options to recover the position.

Mr Fairbairn asked that the Board are clear about their responsibilities, he suggested there is a recommendation explaining the Board are concerned and due to the potential impact on the Health Board he would like more of this to be reported.

Councillor Earl was concerned that the Board will not have time to have oversight of a recovery plan and for this to be enacted in year. He suggested that a special IJB is arranged before the meeting on 20 November to allow Chief Executives of the constituent authorities to have a detailed discussion

Ms Bridle agreed it was a concerning position but wanted more information on the reasons for the comment on perpetuation of the savings and recovery approach in place since August, the reasons for the lack of traction on planned savings and recovery actions, and guidance on what needs to be done over and above to secure the financial balance including business cases, due diligence, consultation and governance across both the IJB and council. Ms Bridle also set out the wider financial context of the council.

The Board agreed for Mr Williams and Mr Murray to engage with Scottish Government and arrange a meeting as suggested, and that a special IJB meeting was required before 20 November 2024 to enable the Board to consider the recovery plan.

Mr Rennie didn't feel that the recommendations reflected the gravity of the report and should be updated to reflect that the current position is not sustainable is the short term. The Board discussed and agreed on the changes to recommendations which should be made.

Mr Murray and Mr Williams committed to present a clearer position to the IJB and highlighted further decisions with direction to be brought to the on 20 November 2024.

The IJB unanimously declined to accept the CFO's recommendations deciding instead, they:

1) **Noted the contents of the Report**
2) **Agreed the need for significant and urgent corrective action to be taken**
3) **Agreed that there is a high risk of the IJB being financially unsustainable in the short term**
4) **Agreed the obligation for the IJB to consider a recovery plan and the need for a Special Board Meeting in very early November that will be solely focussed on the developed recovery plan which seeks to balance the budget this financial year**
5) **Agreed that the Medium-Term Financial Plan should be updated and presented to the IJB as soon as possible**
6) **Instructed the Interim Chief Officer and Chief Finance Officer to meet with Scottish Government officials as early as possible to brief on the position and seek whatever support is available to enable the IJB to achieve a balanced budget in 2024/25.**

11. INFORMATION GOVERNANCE ASSURANCE REPORT

The IJB considered the paper presented by Linda Allen, Information Governance.

As highlighted in previous reports the IJB has limited exposure from an Information Governance perspective as it processes limited records and information. Ms Allen explained that most processes are undertaken by either the Health Board or local authorities which have their own systems in place to manage their statutory compliance. The IJB is supported by the processes in place with the partner organisations and can consequently be reasonably assured that the appropriate arrangements are in place.

Ms Allen confirmed the report outlined the governance arrangements. The current arrangements were in place to meet the requirements under data protection and records management legislation, there were no areas of concern to highlight.

It had been reported last year that NHS Forth Valley had initiated a remediation project in relation to the increased volume of Freedom of Information (FOI) requests it was receiving. This project is monitored by Forth Valley Information Governance Group, NHS Forth Valley is also processing information requests on behalf of the IJB some of which have been impacted by the overall pressure experienced throughout the year. The FOI remediation project is making significant progress in improving Forth Valley's performance in this area. All IJB FOIs are up to date. The overall assessment is that the Board's information governance arrangements remain reasonable.

The Integration Joint Board:

1) **Considered and approved the Information Governance activity for the year 2023/2024**

12. 2023/24 ANNUAL REPORT AND FINANCIAL STATEMENTS AND ANNUAL AUDIT REPORT

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The Board noted and approved the paper.

The Integration Joint Board:

1) **Noted the IJB Audit and Risk Committee approved the accounts for signing and publication**
2) **Noted the content of the Annual Audit Report from the IJBs External Auditors Deloitte LLP including the recommendations and management responses contained within the action plan.**
3) **Agreed that progress on the action plan will be monitored by the IJB Audit and Risk Committee / IJB Audit, Finance and Performance Committee**

13. STRATEGIC RISK REGISTER

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The Board noted and approved the paper.

The Integration Joint Board:

1) **Reviewed and approved the Strategic Risk Register**
2) **Discussed and commented on the structure of the revised Strategic Risk Register**
3) **Noted that the Strategic Risk Register, as presented, was scrutinised and approved by the IJB Audit and Risk Committee (ARC) at its meeting of 18 September 2024.**

4) **Noted that the ARC members wished to highlight to the IJB the risks relating to leadership stability.**
5) **Noted that the ARC requested that the HSCP Senior Leadership Team continue to review and refine the mitigations and controls element of the strategic risk register.**

14. ANNUAL PERFORMANCE REPORT 2023/24

The IJB considered the paper presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest explained that there was a requirement for the Annual Performance Report to be published on the HSCP website for members of the public to view. Significant work had been carried out to include the specific information the Board was looking for.

Mr Fairbairn asked for the IJB to be named on the front page of the executive summary and report for clarity of the relationship between the HSCP and IJB. Ms Forrest agreed to the changes.

The Integration Joint Board:

1) **Approved the Draft Annual Performance Report 2024/25 for publication on our website in line with Public Bodies (Joint Working) Act 2014 requirements.**

15. IJB MEMBERSHIP

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The purpose of the report is to ensure the IJB is compliant in its membership in line with order 285 which sets out the minimum membership. Ms Fulford explained the paper set out the statutory membership requirements and outlined some membership changes.

In terms of membership requirements, the Health Board are required to nominate a new member to the current Audit & Risk Committee until the new joint Committee comes into place in January 2025.

New membership requests from:

- Sharon Robertson as a non-voting member of the IJB as the Clackmannanshire Council CSWO.
- Mike Evans as a member of the non-voting member of the IJB as the locality planning representative

The Chair of the IJB should also chair the Strategic Planning Group for the Health and Social Care Partnership.

Mr Williams explained that attendees at IJB meetings who are not named as a member are considered members of the public, and as such will not be permitted to speak or take part in a meeting of the IJB. Non-voting members are asked to provide a named substitute if they are unable to attend a meeting. The Standing Orders will be updated to reflect these changes.

Ms Bridle explained that at the meeting about the review of the integration scheme the question was raised as to whether the Chief Executives should be attending the IJB. Mr Williams explained that the review of the Integration Scheme is a matter for the constituent authorities, not the IJB. The existing integration scheme makes no reference to Chief Executives, neither do the Standing Orders which were approved on 7 August 2024.

The Integration Joint Board:

1) **Noted the content of the paper.**
2) **Noted the membership requirements.**
3) **Noted the membership changes.**
4) **Noted the nominated Stirling Council Elected Member representative and newly nominated Chair.**
5) **Approved the statutory member numbers as set out in 2.2 below**
6) **Requested all stakeholder groups to nominate a named substitute for their named member at the IJB**
7) **Discussed and approved membership proposals as set out in section 5.**

16. COMMITTEE DATES AND DRAFT WORKPLAN 2025-26

The IJB considered the paper presented by Ewan Murray, Chief Finance Officer.

The Board noted the paper.

The Integration Joint Board:

1) **Noted the content of the paper**
2) **Approved the proposed Audit, Finance and Performance (Scrutiny) Committee meeting dates for 2025 / 2026 set out in paragraph 2.1.**
3) **Approved the proposed workplan for 2025 / 2026 set out in appendix 1.**

17. CLIMATE CHANGE REPORT 2023-24

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

The Board approved the paper.

The Integration Joint Board:

1) **Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.**
2) **Approved the draft Climate Change Report 2023 / 2024 for submission to Sustainable Scotland Network.**

18. CLINICAL AND PROFESSIONAL CARE GOVERNANCE UPDATE

The IJB considered the paper presented by David Williams, Interim Chief Officer.

At the IJB meeting on 27 March 2024, Mr Williams committed to providing an assurance statement to the IJB in respect of the services it commissions from the NHS Forth Valley and Clackmannanshire and Stirling Councils rather than what was previously in place.

Mr Williams explained he was providing an update as new arrangements were being put in place. He needs more time to meet with colleagues from all the clinical and professional backgrounds to get the system in place so the Chief Officer can provide assurance or otherwise to the IJB.

Mr Fairbairn suggested “light touch” be reworded and he wanted it noted that the following conclusion was agreed at the meeting on 27 March 2024.

“The next scheduled meeting of the CPCG is on 10 October when it is expected that the revised reporting process to attain an integrated assurance statement will be embedded, and a first assurance report will come to 20 November IJB. Thus being assured that the Health Board has the right systems for delivery of good quality of care in relation to the services the IJB commission.”

The Integration Joint Board:

1) **Noted the content of the report**

19. INTEGRATION SCHEME

The IJB considered the paper presented by Lesley Fulford, Senior Planning Manager.

Ms Fulford explained that that integration scheme review was ongoing, and Board members can add comments through Stirling Councils engagement platform.

The Integration Joint Board:

1) **Noted the contents of the paper**
2) **Noted the consultation is ongoing**

20. FOR NOTING

Minutes

a. **Strategic Planning Group – 12 June 2024**
b. **Audit & Risk Committee – 26 June 2024**

21. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

22. DATE OF NEXT MEETING

29 January 2024

Clackmannanshire & Stirling
Health & Social Care Partnership

Meeting Date	Report Title/Number	Action	Responsible Officer	Timescale	Progress/Outcome	Status
02 October 2024	4. Draft Minute of the meeting held on 07 August 2024	Amendments to: 5. Action Log 13. Committee Dates	Sandra Comrie	03 October 2024	07 August 2024 minute has been updated	Complete
02 October 2024	7. Chief Officer Update	Draft joint inspection report to be reviewed with an improvement plan in place. Draft joint inspection report and improvement plan paper to be presented to the IJB on 29 January 2025	Lesley Fulford Lesley Fulford	20 November 2024 29 January 2025	Draft report reviewed and improvement plan completed Not started	Complete Underway
02 October 2024	8. Independent Advocacy Strategic Commissioning Plan	Wording to be added to the improvement plan that if enough independent advocacy was not available Ms Forrest will look at how to signpost people accordingly	Wendy Forrest	20 November 2024	Updated	Complete
02 October 2024	9. Commissioning Approach for Dementia	Paper with a Direction on the delivery of the model to be presented at March 2025 IJB	Wendy Forrest	March 2025	Not started	Underway

Clackmannanshire & Stirling Health & Social Care Partnership

02 October 2024	**10. Financial Report**	**Mr Williams and Mr Murray to reach out to Scottish Government to arrange a meeting** **Special IJB to be arranged before 20 November 2024** **Recommendations to be amended to reflect that the current position is not sustainable**	**David Williams and Ewan Murray** **Sandra Comrie** **Ewan Murray**	**04 October 2024** **03 October 2024** **04 October 2024**	**Meeting arranged for 29 October 2024** **Meeting arranged for 8 November 2024** **Updated**	**Complete** **Complete** **Complete**
02 October 2024	**14. Annual Performance Report 2023/24**	**IJB to be named on the front page of the executive summary and report for clarity** **Sentence to be added at review of service delivery** **Ticks to be replaced by a symbol**	**Wendy Forrest**	**20 November 2024**	**All updated**	**Complete**
02 October 2024	**15. IJB Membership**	**Rosemary Farmer to be amended to Rosemary Fraser**	**Lesley Fulford**	**03 October 2024**	**Amended**	**Complete**

Clackmannanshire & Stirling
Health & Social Care Partnership

02 October 2024	**18. Clinical and Professional Care Governance Update**	**"light touch" to be replaced with more suitable wording** **Paragraph 3.1 to be reflected in the 02 October 2024 minute**	**David Williams** **Sandra Comrie**	**20 November 2024** **20 November 2024**	**Updated** **Included**	**Complete** **Complete**
02 October 2024	**Directions**	**Create reporting framework for the IJB in measuring performance against the implementation of Directions**	**Ewan Murray**	**29 January 2025**	**Not Started**	**Underway**

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 7

Commissioning a change to the model of long-term care for older adults

For Approval

Paper Approved for Submission by:	David Williams
Paper presented by	David Williams
Author	David Williams
Exempt Report	No

Directions	
No Direction Required	☐
Clackmannanshire Council	x
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To seek approval to commission a change to the model of long-term care for older adults in Clackmannanshire consistent with the Stirling side of the single Integration Authority in Clackmannanshire and Stirling.

Recommendations:	The Integration Joint Board is asked to: 1) Note the content of the paper 2) Approve the change to the model of long-term care for older adults in Clackmannanshire 3) Issue the Direction as set out in Appendix 1

Key issues and risks:	

1. Executive Summary

For several years, the social policy direction of travel for provision of health and social care to older people across Scotland with assessed care needs has been to support people in their own homes for as long as possible through the provision of primarily care at home support. It is recognised that within this, individuals who might once upon a time have been placed in long term mainstream residential care facilities would no longer likely require this form of care but there is a recognition that not everyone is able to maintain living within their own homes even with significant levels of support made available. This is because of the complexity of their needs and the recognition that those needs can only be provided for within a long-term nursing care environment.

This approach is fully in place within the Stirling Council area of the Integration Authority and has been for several years since Strathendrick care home closed. In Clackmannanshire this direction of travel is diluted by the ongoing provision of long-term care for a small number of individuals within Menstrie Care Home, which is a mainstream residential care home. Because of the continuance of this provision, the IJB is unable to progress a ‘once for Clackmannanshire and Stirling’ approach for the population that it has a statutory duty to strategically plan for and commission the provision of services from the respective councils.

This paper sets out the detail behind this discrepancy and concludes with a recommendation to no longer commission the delivery of mainstream residential care services from Clackmannanshire Council.

This will involve substantial change that cannot be managed overnight and as such the timeframe for delivery on this change is expected to be achieved by the end of March 2025. Central to this change will be the need for individual reviews for all of the current residents and the provision of alternative and continuing care and alternative care arrangements that will fully meet ongoing care needs. Moreover, engagement and consultation with staff and their respective Trade Unions will be required to be undertaken to ensure that the employer's responsibilities are able to be fully met in such circumstances.

Pre- IJB meetings have taken place on 15 November separately with Trade Unions, staff and residents and their representatives to inform them of this paper to IJB. A summary of the comments and immediate reactions from within each of those meetings is attached at Appendix 2.

2. Background

2.1. One of the primary drivers for the integration of health and social care set out in the Public Bodies (Joint Working) (Scotland) Act was a recognition that the demographic trends about our population has been and continues to be that we are an aging population.

2.2. Linked to this has been an acknowledgement that with increasing age comes an increasing level of need and demand for health and social care provision. Because of that there has been for several years a requirement to consider how an increasingly older population could best be supported in their health and care needs at the time they require support in a manner that is sustainable and in accordance with the wishes and aspirations of the population.

2.3. The overwhelming demand for provision has been to support individuals to continue to live independently for much longer and in their own homes and this is reflected in the growth and increase in expenditure in Care at Home provision over recent years. The following table demonstrates these expenditure trends and it should be noted that the increases in expenditure are driven by a combination of increased activity and inflationary impacts including increases to Scottish Living Wage.

	Clackmannanshire Council	**Stirling Council**	**Partnership**
Financial Year	Annual Expenditure (£m)	Annual Expenditure (£m)	Annual Expenditure (£m)
2020/21	9.326	16.751	26.077
2021/22	9.036	18.614	27.650
2022/23	11.799	21.260	33.059
2023/24	12.926	24.939	37.865

2.4. However, there continues to be a need and demand for long term residential-based care provision to be made for smaller numbers of the older adult population. One consequence of supporting more people to live longer in their

own homes is that at the point that long term care is required, people's needs can be multiple and complex requiring more specialised care than once was available.

2.5. This specialised care primarily comes in the shape of nursing care homes, some of which have specialist dementia care wings attached to them.

2.6. Nursing care homes are so named because the needs of residents therein have a continuing nursing need, and such facilities are required in the regulatory environment to provide 24-hour nursing cover as part of their staffing establishment.

2.7. Nursing Care Homes are almost entirely provided from within the independent for-profit sector, although a small but reducing level of provision in some parts of the country will also be provided by the not-for-profit voluntary sector.

2.8. The last 10 years has seen a significant increase in independent sector care homes across the Health and Social Care Partnership area that offer a modern environment and greater opportunity for delivering outcomes for those with a complexity of need requiring long term care and in a more cost-effective way to the public purse by procurement through the National Care Home Contract.

2.9. Across the HSCP area, there are 16 people aged 75 and over for each bed in an older adult care home. Placements by the Partnership account for around 59% of the older adult beds potentially available, however, placements by other partnerships and local authorities in England have driven occupancy to almost 100%; for example, on 21 October 2024, older adult care homes in the Partnership area reported that they had seven beds available for new residents.

The number of long-term residential placements has remained relatively constant while the older adult population has grown. At the same time the number of hours commissioned for older adults has increased providing evidence of a growing trend of people being supported in their own homes for longer and an increased complexity of needs as demonstrated at section 1.3.

2.10. In its budget for 2024/25, the Clackmannanshire and Stirling Integration Joint Board approved and commissioned by Direction, a monthly limit to the number of long-term care placements available to be made by Clackmannanshire (and Stirling) in the financial year. The emphasis in this was about a whole system driving forward in a tangible way, of the strategic approach to supporting more people in their own homes and communities.

3. Position in Clackmannanshire

3.1. Significant work has been undertaken in Clackmannanshire to improve the delivery of home-based services that promote greater independence, social and community inclusion and reduce reliance on formal building-based care services; the impact and success of which has seen a marked reduction in demand for the services delivered within the one remaining mainstream residential care facility across the whole HSCP, Menstrie House.

3.2. Menstrie House is a service registered with the Care Inspectorate and is governed by the statutory requirements of that registration. The current residents have much greater needs than its registration permits and is therefore heavily reliant upon an already over stretched local District Nursing service to support their needs. The complexity of needs also requires additional staffing over and above the safe staffing levels guidance which creates a considerable increase in the unit cost per head and creates risk in managing those complexities.

3.3. There is a very significant financial viability issue regarding Menstrie House. Placements in nursing care homes are made within the terms of the National Care Home Contract at a cost of £948 per week, whilst even at full capacity (40 beds), the unit cost in Menstrie for non-nursing care would equate to around £1022 per resident per week. However, the prolonged and sustained position of operating at less than 50% capacity substantially more than doubles the cost of a placement in an independent sector care home.

3.4. The annual revenue costs for Menstrie House for 2023/2024 was £2.1m however, the facility typically incurs approximately £0.5M overspend primarily due to habitual difficulties in recruitment in social care in rural communities and the need for agency and overtime to cover shifts.

3.5. There are currently just 14 residents residing in Menstrie with no new admissions since the end of 2023 due to the direction of travel approved by the IJB to support more people with mainstream care needs in their own homes for as long as possible. The unit cost in Menstrie is currently approximately £2,542 per week.

3.6. Residents and/or their families/representatives were communicated with prior to publication of this paper to advise of its contents.

4. Summary and Conclusion

4.1. In the current resource bound context, early intervention and prevention is often lost amongst more pressing priorities but the potential to redirect existing resource to support self-management of long term conditions, prioritise health improvement as a preventative strategy, encourage and support community involvement and support the needs of people who may previously have been

placed in residential care homes to remain within their own homes in their own communities would be enhanced by this change to the model of care in Clackmannanshire.

4.2. It is an approach that will provide equity for residents in both council areas who are served by the Integration Joint Board.

4.3. There are some real opportunities to deliver services more aligned to the needs of the community and opportunities for community engagement to shape those services. The freeing up of workforce resource currently tied up in the running of Menstrie House provides an opportunity to extend that further.

4.4. The detail of this still requires to be worked through but enhanced support for our Care at Home and reablement provision particularly to prevent breakdown of home placements, and to provide carer support and reduce carer stress which can often lead to unplanned hospital admissions.

5. Appendices

Appendix 1 - Direction
Appendix 2 – EQIA

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	☐
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☐
Implications	
Finance:	There will be an expectation of revenue savings being achieved in 2025/26, the detail of which will be clarified within the budget paper that the IJB will be asked to consider in March 2025. Having said that, there will be expenditure incurred in future alternative placements that will be required for the existing residents at Menstrie following formal review of each individual's care needs and continuing requirements. Equally, there will be an expectation as set out in 3.3 above

	that alternative community-based deployment of an element of the workforce will need to continue to be resourced.
Other Resources:	Menstrie House is a Clackmannanshire Council owned building in Menstrie providing mainstream residential care for older people. It is a service that is managed by Clackmannanshire Council within the Clackmannanshire and Stirling Health and Social Care Partnership. Menstrie House itself is now 40 years old and will require considerable capital investment by the Council to be fit for purpose. Should the facility be declared surplus to requirements there will also be revenue savings for the Council realised over time.
Legal:	Public bodies including IJBs, Councils and NHS Boards have a statutory duty to operate within resources available. It is envisaged that approval of the recommendations within this paper will aide achievement of this.
Risk & mitigation:	Risks to service users will be mitigated as far as possible through discussions with service users and families on appropriate alternatives and care planning. There is also a risk that insufficient alternative care home places are available however this is being mitigated by a reduction in service users within Menstrie over time.
Equality and Human Rights:	The content of this report **does** require an EQIA Workforce: There will be workforce impacts due to the presence of an entire residential team at Menstrie. Relevant Trade Unions and staff were advised of the proposal contained within this paper prior to publication and full engagement and negotiation with Council employees and their representatives will be progressed by the HSCP and Council in the weeks following the IJB should the recommendations be accepted.
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:**

	This paper **does not** require a Fairer Duty assessment.

Appendix 1

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/009
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/001
Approval Date	20 November 2024
Services / functions covered	Residential and non-residential social care support provided and contracted by Clackmannanshire Council
Full text of Direction	From 1 April 2025, Clackmannanshire Council to no longer provide long-term mainstream residential care for older people by instead making available care at home provision to support older adults to remain within their own homes and for those older people who are unable to sustain living in their own home due to complexity of care needs to make available residential nursing care provision to meet those needs.
List of key stakeholders impacted and any specific engagement and consultation requirements	Employees of Clackmannanshire Council within Menstrie House – full engagement and consultation in employment terms will be required by the HSCP and the Council along with respective Trade Unions. Current residents and their families – reviews of continuing care needs and planning for alternative assumed nursing care provision will be required
Timescale(s) for Delivery	31 March 2025
Direction to	Clackmannanshire Council
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	£2.002M pa
Performance Measures	Financial Monitoring, reduction in mainstream residential care provision within Clackmannanshire
Date direction will be reviewed	June 2025 IJB

Appendix 2

Summary of comments and reaction made to the Interim Chief Officer during information sharing meetings held on 15 November. The Trade Unions and relatives were provided with information about the opportunity to make a deputation to the IJB.

Trade Union colleagues (represented by Unite and Unison. GMB were unable to attend).

- Acknowledged that the meeting was only a briefing and not consultation.
- Would have expected an earlier indication of the intention to go to a decision-making body that impacts on the future of a service involving so many of the respective TU memberships.
- Would have expected an earlier indication to have led to the commencement of initial formal engagement and consultation in an employer/employee context.
- Were concerned that the timeframe for notification left little opportunity for TU officials to understand the potential issues in order to properly advise members who may have questions for them.
- If IJB agrees with the recommendations presented to it, were content with the commitment given to fully and properly engage by management in protecting the employment rights of their members.

Staff

- Were shocked and upset and at one level were not expecting it.
- Concerned about the timeframe for notification before the IJB given there have been rumours about the future of Menstrie for years.
- Advised that the resource is a great resource for the people who are resident and is an important asset for the community of Menstrie.
- Were concerned about their jobs.
- Concerned about the future arrangements for the current residents should the IJB accept the recommendations.
- Concerned about the timeframe for conclusion (31 March 2025)being too soon should the IJB accept the recommendations.
- Pondered the possibility of converting Menstrie House from mainstream residential to nursing residential care provision.
- Were reassured by commitments to meet on a one-to-one basis with management and HR about individuals' futures should the IJB accept the recommendations on 20 November, with full engagement from TU representation.
- Were reassured by commitments to maximise on the experience and expertise of the staff group to continue to support older people across the HSCP albeit in different roles.

Not all staff were present for the meeting and a letter from the Interim CO was sent out over the weekend outlining the intention to present the paper to the IJB on 20 November.

Relatives; not all residents were represented at the meeting, and no residents were present even though 3 were reported to have capacity and be able to make decisions for themselves (All residents were expected by the Interim CO to have been invited and present, it was an oversight that this did not occur and apology was provided).

- Were shocked, upset and angry.

- Concerned about the timeframe for notification before the IJB, believing that ‘it’s a done deal’ that the IJB will approve the recommendations. Relatives would have preferred more notice of the IJB and the proposal.
- Requested that the IJB defer making a decision on 20 November in order that the residents and their relatives are given sufficient time to consider how to individually and collectively respond to the proposal.
- Concerned about the impact on residents of a move to another care home, citing experiences in the past year of residents having to move their bedrooms due to heating system failures and the distress this caused at that time. Some were concerned that their relatives would not survive the shock or heart break.
- Concerned that their relatives would not be found suitable alternative accommodation
- Concerned that if the IJB approves the recommendations, friendships would be broken and their relatives would be removed from their home.
- Acknowledged the quality of care that the staff group provide and indicated that it is as excellent as it can be.
- Wanted confirmation that this proposal, if approved, would not result in increased care charges to the residents and were reassured that this would not happen.
- Took the view that this is only about cuts and asked the question about why the facility could not be provided as a nursing care home believing that minimal buildings work would be required.
- Wanted to know about the process involved in reviewing care needs and identifying alternative provision.
- Agreed with a proposal that in lieu of the oversight which led to no residents being present, that we should wait until after the IJB to advise and discuss with them individually if the IJB approves the recommendations.
- Agreed to consider submitting by email before 20 November, any further reflections and considerations that they wish to be formally noted.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 8

Implementing the Clackmannanshire and Stirling Self-directed Support Policy for Adults with Learning Disabilities

For Approval

Paper Approved for Submission by:	David Williams
Paper presented by	David Williams
Author	Dr Jennifer Borthwick/David Williams
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☐
Clackmannanshire Council	x
Stirling Council	x
NHS Forth Valley	☐

Purpose of Report:	To advise the Integration Joint Board (IJB) of the current position in services for adults with learning disabilities highlighting some of the challenges regarding among other things the limited compliance of long-standing provision to a full implementation of the Self-directed Support policy approved by the IJB in June 2024.

Recommendations:	The Integration Joint Board is asked to: 1) Note the contents of the paper and the scale and scope of the issues currently facing services providing care in a range of settings for people with learning disabilities. 2) Consider the current action being taken to address these issues as set out in section 3. 3) Approve the development of proposals that will result in change to the historical commissioning from both Councils for delivery of two Day Centres across the Integration Authority. 4) Issue the Direction at Appendix 1.

Key issues and risks:	• Risk of inequitable implementation of the Self-directed Support Policy • Risk of adverse impact on vulnerable population • Risk of adverse impact on carers • Risk of adverse impact on staff engagement and wellbeing • Risk of not maximising on the resource available to the IJB in the provision of services

1. Executive Summary

This paper sets out that there are a number of provisions which are operationally managed within the HSCP, commissioned historically by the IJB in the annual generalised Directions at the start of each financial year and where there is a need for reflection and probable change regarding the continuing nature of this provision in their respective current forms. This is because they are resources that were in existence prior to the commencement of the Integration Authority and indeed have been in place for decades in their current form, and as such should be subject to review to ensure delivery of value-based care/best value and to afford the best opportunities to people to live their best lives.

Most if not all the individuals who receive a service in the respective services will not have been afforded any level of choice and control in the terms of the Self-directed Support legislation or they may be impacted now as a consequence of the national Coming Home agenda which relates to ensuring appropriate living arrangements close to home where viable.

HSCP staff require to progress the development of options and proposals around future models of care that are better able to meet need and enable people to live their best lives.

2. Background

A variety of services for adults with learning disabilities are currently managed by Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) having been commissioned as part of the generic and non-specified Directions issued by the IJB at the start of each financial year since the establishment of the Integration Joint Board. All these services have been provided directly by the respective constituent Parties in the same way for decades and there is now a requirement to review their place and form in the context of the current IJB Strategic Plan, the SDS Policy and the financial position of the Partnership.

These services are:

Loch View – specialist inpatient resource for adults with complex needs, Larbert

Loch View is an NHS assessment and treatment unit for adults with learning disabilities, autism, and complex health needs which cannot be met in a community setting. Patients are accommodated across 4 houses with a current capacity reported of 20 beds in total. The facility which also includes therapy rooms and multi-sensory rooms also benefits from multi-disciplinary input.

The following service areas are also available for patients

The Learning Disability Additional Support Team (AST)
Art and music therapies
Clinical psychology
Community Learning Disability Nursing
Dietetics
Learning Disability Acute Liaison Nurse
Occupational Therapy
Physiotherapy
Psychiatry
Social Work

Inpatient bed numbers are considered to be disproportionately high with delayed discharges contributing to this.

A significant number of patients experience delays in being discharged back

to the community, with the two main factors being lack of accommodation and an absence of suitable community based care providers.

The Whins in Sauchie and Riverbank in Stirling – traditional day centres

The Whins is a Day Centre for adults with a Learning Disability that is provided directly by Clackmannanshire Council and managed within the Clackmannanshire and Stirling Health and Social Care Partnership. It is located within Alloa Business Centre and has been in operation since the 1990's. Its primary function is to provide a range of day opportunities for adults with a learning disability who in the main continue to live at home with their parents and carers. This service has operated on a traditional attendance model. Attendance has not picked up after a decline during the COVID 19 Pandemic and some clients have found more attractive community-based alternatives elsewhere.

The Riverbank Centre opened in 2002, as a purpose-built centre for adults with learning disabilities. The centre combined a traditional attendance model with a day service ' without walls ' approach , which supported adults to access their own community based resources. The building has also served as community resource, with an open café and rooms available for the public to use although usage of these aspects has considerably declined since the Pandemic. Attendance at Riverbank has also not picked up after a decline during the COVID 19 Pandemic and some clients have found more attractive community-based alternatives elsewhere.

Both centres are registered with the Care Inpsectorate, are underutilised and are not currently providing services that fully align with the requirements and aspirations of clients and their families.

The Health Board provides **community residential resources** in Stirling and in Dunblane, managed by the HSCP. These operate jointly with Falkirk HSCP who have two similar resources.

The two community residential resources are located in Stirling and Dunblane.

These are group residential accommodation resources for adults with Learning Disabilities which operate on a model, which is unique in Scotland in that the accommodation is owned by the NHS, historically used as housing for NHS consultants, prior to its current usage and the care is provided by an NHS employed workforce. The group living arrangement is not contemporary and policy direction would most likely point in the direction of people being provided with their own tenancies with bespoke care support built around their living arrangements.

Two Integrated Community Learning Disability Teams – one based in Stirling Health & Care Village and one in Clackmannanshire Community Health Centre

The 2023-33 IJB Strategic Plan set out a premise that health and social care provision across Clackmannanshire and Stirling should be provided in a 'needs

led, resource bound' manner and that there would be an emphasis going forward on maximising community resources and being asset based, with an early and preventative focus within service provision.

The Self-directed Support (SDS) Policy approved by the IJB in June 2024 set out a once-for-Clackmannanshire and Stirling approach to the implementation of the legislation which affords choice and control to service users with assessed needs with their individual support plans expected to be developed in a co-produced manner. None of the service users who have been recipients of the above listed provision have been provided with the services because of the implementation of this policy. In many cases, the service will have been put in place for individuals prior to the Self-directed Support (Scotland) Act 2014 where there would have been no co-production, choice or control opportunities made available.

There is currently a recurring cost pressure of approximately £1.4 million across Learning Disability Services. The increasing cost of packages of care is placing increasing pressure on the overall financial position of the IJB and as such a review and resultant reform of provision in its current form is required.

It is known that there are significant challenges in accessing appropriate support in the community for many people with a learning disability, which increases the stress and decreases the quality of life of both the individual and their families. This can also contribute to people staying in hospital longer than is required by their health needs.

From a service perspective, such unsatisfactory experience of clients/patients and their families can contribute to decreased staff engagement and wellbeing, and increased workloads associated with navigating complex systems and dealing with complaints from families.

3. Areas for Service Improvement

An initial workshop was held with key members of the Learning Disability Service, Finance Managers and Planning teams in November 2023 with a follow-up workshop taking place in March 2024. In no particular order, some of the key messages which arose from the workshops were:

- Current day provision is not fully meeting client needs – there is a need to review and reform facilities and what the potential is for there to be positive change.
- Engagement and consultation need to take place with people with learning disabilities and their families and carers, and with staff more widely and consistently.
- Inpatient bed numbers are disproportionately high, with a high number of current patients delayed in their discharge, some for several years.
- A consistent and equitable commissioning and procurement approach across both Council areas is required.
- Access to local data and client information systems presents significant challenges in relation to planning and monitoring performance.

- There is a need to manage expectations for staff, clients/patients and their families, public, and the constituent Parties.
- The potential for services and the HSCP to work more closely with not-for-profit and for-profit providers around education and support e.g. Positive Behavioural Support, trauma-informed approaches should be explored.
- There will be potential to learn from other areas, including Falkirk.
- There is increasing complexity of need in this population, which impacts on level, type and cost of care and support.

4. Current action being undertaken

4.1. Packages of Care commissioned by staff within the Community Learning Disability Teams.

As noted in the budget paper presented to the IJB in March 2024, one of the greatest areas for expenditure (and overspend) is in the provision of packages of care for adults with learning disabilities. This is driven by several factors, not least of which is the increasing complexity of needs of people being supported in the community. Primarily, however, it is the lack of consistency of approach to assessment of need and allocation of resource across both Council areas in the absence prior to June 2024 of a single SDS Policy and approach. The 2024/25 budget assumed that a consistent approach focussing on co-production, choice and control emphasising asset and individuals' strengths as opposed to a historical paternalistic and deficits model should realise significant financial release and enable individuals to live their best lives.

As such the activity within the service is:

- Prioritising reviews of all packages of care over £100,000 within the SDS framework and developing a plan to review all other current packages of care incrementally thereafter.
- Focussed on recruitment to a multi-disciplinary team (funded by central Scottish Government resource) to progress the Coming Home agenda and review all people on the Dynamic Risk Register. This is short-term funding only and consideration will need to be made to progress delivery of our responsibilities to this cohort of service users in the longer term.
- Aligning with the wider HSCP around Right Care Right Time and appropriate use of the full range of SDS options.

There are risks associated with this work as follows:

- The capacity of staff to date to carry out reviews has to date been limited as this has to be balanced with the demand to assess the needs of people newly presenting to the team.
- Some reviews, including those carried out by the new Scottish Government funded team with people who are currently placed out of area may result in increased packages of care. Nevertheless, for most of these individuals, the transition period to new arrangements will be considerable, potentially even two or three years or longer depending on availability of appropriate accommodation and there will be opportunity to plan the budget for this.

- Where reviews do lead to a reduced package of care even within a co-produced environment, there will in some cases be a feeling of a reduced level of service provision against historically embedded packages and this may elicit negative responses and complaints from some carers and their families
- There is not always a ready availability of alternative providers.

4.2 **Residential Resources**

The current service provision is very unusual with only one other area delivering something similar elsewhere in Scotland. Under the current operating model, the service is provided to adults with their own tenancies within buildings operated by Health Board employees within the HSCP. The adults who live in these premises generally do not have complex support needs.

Officers from the HSCP are currently working jointly with Falkirk HSCP colleagues to consider the appropriateness of this service being delivered within the HSCPs with a view to making recommendations to the Health Board about future management arrangements within the current commission by Direction from the two IJBs.

4.3 **Loch View**

Because of the complex needs of the individuals cared for within Loch View, more than half of whom are not in need of hospital care and are therefore delayed, some for many years, the planning for change to this provision is complex and multi-factorial. This requires considerable work and coordination and the HSCP will commence activity in this regard in the forthcoming weeks and months in partnership with colleagues in Falkirk HSCP, and those colleagues in NHS FV and the two councils who work outside the HSCPs.

5. Day Centre Resources

5.1. There are compelling reasons for reflecting on the current model of day provision and develop proposals to change the historical commissioning arrangements that have been unchanged for years despite the advent of Self-directed Support in particular. This may include consideration of a reduction in day centre capacity in its current form across Clackmannanshire and Stirling.

5.2 There is a need to enhance community-based day activities and enable the development of robust crisis response to prevent placement breakdown as a consequence of carer stress and/or the need to review existing support plan arrangements**.** Placement breakdown resulting in emergency admissions to Loch View (often for non-medical reasons) or to reactive high cost and out-of-area residential placements is a significant feature in our system of care and we need to strive to reduce such instances to an absolute minimum.

5.3 The expected outcomes from developing a plan for change are:

- Delivery of a modernised, community asset-based approach in line with strategic direction and increasing the choices available to service users as to how they can live their best lives.

- Acknowledgement that building-based support may continue to be needed in some form for some adults and their families who choose this service type in their support plan or where the day support needs of the individual are such that daily support and respite for carers can only be provided in such a specialist resource.

6. Summary

In order to deliver services for adults with learning disabilities within the available resource and in keeping with the IJB's SDS Policy, significant service change is required in some elements of the very long-standing inherited service provision of both Councils and the Health Board.

Full engagement with local communities, people who use services and their families is required, as is that with staff, their trade union representatives and professional advisors will be undertaken at every step of every change that needs to be undertaken should change in the models of care be commissioned by the IJB going forward.

Service changes carry a degree of risk, as outlined above. However given the policy and financial context, the recommendation is that note and approval where required is given as set out in the recommendations.

Fit with Strategic Priorities:	
Prevention and Early Intervention	☐
Independent Living through Choice and Control	X
Achieve Care Closer to Home	X
Supporting People and Empowering Communities	X
Reducing Loneliness and Isolation	☐
Enabling Activities	
Medium Term Financial Plan	X
Workforce Plan	X
Commissioning Consortium	☐
Transforming Care	X
Data and Performance	X
Communication and Engagement	X
Implications	
Finance:	If none of the options outlined in this paper are approved for further development, Learning Disability Services will not be able to deliver the level of spend reduction that is required to remain within budget. The level of this will have significant

	consequences for the financiatl position of the HSCP as a whole.
Other Resources:	Additional support from planning, information services, HR, finance, commissioning and staffside will all be essential.
Legal:	Likely to require consultation with legal team around e.g. estates contracts.
Risk & mitigation:	Described throughout the paper
Equality and Human Rights:	The content of this report **does not** require a EQIA *Any of the individual options contained within this paper which are taken forward will require a full EQIA to be completed in due course.*
Data Protection:	The content of this report does / **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment. *Again, it is likely that a Fairer Duty Assessment will be required for individual options were these to be progressed.*

Appendix 1

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/010
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/001
Approval Date	20 November 2024
Services / functions covered	Day Care Centres operationally managed by Clackmannanshire and Stirling Councils
Full text of Direction	Clackmannanshire and Stirling Councils to support their employees within the HSCP to progress the development of proposals that will result in change to the historical commissioning from both Councils for delivery of two-Day Centres across the Integration Authority
List of key stakeholders impacted and any specific engagement and consultation requirements	Strategic Planning Group 23 October 2024.
Timescale(s) for Delivery	March 2025 IJB
Direction to	Clackmannanshire Council Stirling Council
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	C£2.5M
Performance Measures	The production of a clear plan outlining changes to the model of provision of care for adults receiving services within traditional day care centres
Date direction will be reviewed	March 2025 IJB

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 9

Forth Valley Palliative and End of Life Care Strategic Commissioning Plan

For Approval

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning & Health Improvement
Author	Lisa Powell, Planning and Policy Development Manager
Exempt Report	No

Clackmannanshire Council Stirling Council NHS Forth Valley

Directions	
No Direction Required	☐
Clackmannanshire Council	☒
Stirling Council	☒
NHS Forth Valley	☒

Purpose of Report:	The purpose of this Report is to seek approval from the Integration Joint Board (IJB) for the Forth Valley wide Palliative and End of Life Care (P&EOLC) Strategic Commissioning Plan.

Recommendations:	The Integration Joint Board is asked to: 1) Note the contents of the report 2) Approve the Palliative and End of Life Care Strategic Commissioning Plan 3) Issue the Direction as set out in Appendix 3

Key issues and risks:	Development of this strategy will ensure a sustainable and consistent approach across Forth Valley area for palliative and end of life care needs. It is important that any approach is equitable across Forth Valley. In addition, we know that the status quo is unsustainable when we take into account the expected numbers of people who will be needing these services going forward. As the population changes including an ageing population with anticipated significant increases in dementia, as well as people living longer at younger ages with very complex life-threatening conditions, having the right care and support in place is key. Best Value and value-based healthcare are requirements that need to be adhered to. In the current financial climate work is continuing to support a whole system approach to financial recovery and sustainability whilst seeking to balance cost reduction with performance and maintain clear alignment to Strategic Commissioning Plan priorities. There is also a requirement to continue to focus on sustainable options and solutions on a whole system basis. The approach set forth in this paper allows the IJB to agree a unified strategic approach for Forth Valley based on feedback from those with lived and living experience, as well as taking account of the current financial position.

1. Background

1.1. There have been previous attempts over several years to develop a Strategic Plan for palliative and end of life care, most recently concluding in 2022 with the completion of the Forth Valley Strategic Palliative and End of Life Care (P&EOLC) Group's strategic review. Whilst never published, the Strategic Review provided learning about our palliative care provisions and outlined a proposed direction of travel for services. The Strategic Commissioning Plan builds upon the Review's findings and following engagement and initial consultation on emerging themes with staff and citizens ascertains what those using and delivering services believe the key areas of focus need to be moving forward.

1.2. This paper follows an initial paper presented at the IJB on 27 March 2024 (agenda item 9). It outlines the work which has led to the development of the Forth Valley Palliative and End of Life Care Strategic Commissioning Plan.

2. Introduction

2.1. The World Health Organisation[1] defines palliative care as encompassing "the care and support which is provided to support someone to live well following diagnosis of a life-threatening illness. This includes the support that is provided to their loved ones and carers."

2.2. An ageing population, increasing multi-morbidity and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources, as well as staff constraints related to recruitment and retention all mean that the status quo is not a viable option moving forward. It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will add increasing pressures onto the system.

2.2 Palliative and end of life care (P&EOLC) remains a national and local priority for change and improvement. An ageing population, increasing multi-morbidity and complexity, rising demand, changes in location of care and rising pressures on resources all mean that the status quo is not a viable option moving forward.

2.3 Our health and social care system needs to evolve and transform to keep pace with the changing P&EOLC needs of FV residents. These changes include an ageing population with anticipated significant increases in dementia, as well as people living longer at younger ages with very complex life-threatening conditions. It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will add increasing pressures onto the system.

[1] Palliative care (who.int)

2.4 Our health and social care system needs to evolve and transform to keep pace with the changing P&EOLC needs of Forth Valley residents. These changes include an ageing population with anticipated significant increases in dementia, as well as people living longer at younger ages with very complex life-threatening conditions.

2.5 Forth Valley, while close to the Scottish average, for Quality Outcome Measure 10 – Percentage of last 6 months of life spent in a community setting, have never met or exceeded it. We know from previous work in this area that the majority of people asked would wish to die at home. For context, an average of 3,185 people died annually between 2016 and 2019 in Forth Valley. Approximately 75% of these patients had a chronic progressive diagnosis associated with Palliative (and End of Life) care needs.

2.6 The approach outlined in the Plan is aligned of two strategic priorities of "Independent living through choice and control" and "Achieving care closer to home," as outlined in the Clackmannanshire and Stirling HSCP Strategic Commissioning Plan. Development of a Strategic Plan will also ensure a sustainable and consistent approach across the Forth Valley area for those with palliative and end of life care needs. In addition, the aims outlined in the most recent Scottish Government publication, Palliative care strategy: Palliative Care Matters for All, which is currently been consulted on, has also been adhered to.

3. Development of the Plan

3.1 Engagement took place across Stirling, Clackmannanshire as well as Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care. In Stirling and Clackmannanshire six engagement events took place, which included a session hosted in Stirling that specifically sought the views of people who had experience of palliative and end of life care as a result of a loved one using drugs and/ or alcohol. As this is often an area where care and support can differ from that received by those who are dying of other conditions.

3.2 The questions asked focussed on what was good, what could be improved, and what should be aspired to. The feedback gathered from this initial engagement contained a good mix between people with professional experiences, both within the NHS and third sector organisations, and those with personal experiences.

3.3 In August and September a follow up consultation took place, and in Stirling and Clackmannanshire 2 engagement events were held, as well as an online survey. These questions focussed on agreeing the vision and priority areas, and also looked to gain understanding of what services people thought where available for those who are palliative or end of life. In total 259 responses were received across both rounds of consultation from those with personal and/or professional experience in Stirling and Clackmannanshire as well as Falkirk.

3.4 Based on views sought from engagement the following vision has been developed, *"Health and wellbeing is important throughout everyone's lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and co-ordinated holistic care and support throughout their palliative journey in their preferred location."*

Further work in the area of palliative and end of life care should focus on achieving the vision. Central to this is a recognition that people generally tell us that they would prefer to die in their own home and performance in this respect remains one of the national Performance Indicators by which IJBs are measured. In addition, clear themes have been extracted from initial engagement activities, these were topics that were raised multiple times in both Health and Social Care Partnership areas. These themes explain what is considered by so many to be so fundamental or important a component to accessing high quality palliative and end of life care for all those involved, these themes have been organised into six priority areas. They will be at the core of commissioning activity going forward all with an emphasis on shifting the balance of care to support delivery of the vision. The themes are:

- Good communication
- Good, coordinated care
- Staff Learning and Education
- Good holistic Future Care Planning
- Education/ Awareness for families and carers
- Bereavement Support

4. Next Steps

4.1. Achieving a good death for those in Forth Valley will take commitment and action from a multitude of areas within health and social care provision. The Strategic Commissioning Plan sets out the strategic intent to enable us to continue delivering equitable and sustainable palliative and end of life care to increasing numbers of people across Forth Valley.

4.2. Upon approval of the Plan, the next steps will be to apply a Commissioning Consortium to develop an implementation plan that will deliver the vision and themes set out in the Commissioning Plan. Given the high level of engagement from stakeholders across the PEOLC spectrum interest in being part of the ongoing implementation of this vision through a consortium approach is expected.

4.3. This Strategic Commissioning Plan will also be considered by Falkirk IJB in November with a view to ensuring a pan-Forth Valley approach to palliative and end of life care.

5. Appendices

5.1 Appendix 1: Strategic Plan: Community Palliative and End of Life Care 2025-2028

5.2 Appendix 2: Palliative and End of Life Care – Carer's Statement of Intent

5.3 Appendix 3: Direction to Clackmannanshire and Stirling Councils

5.4 Appendix 4: EQIA

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☒
Transforming Care	☐
Data and Performance	☐
Communication and Engagement	☒

Implications	
Finance:	
Other Resources:	N/A
Legal:	Any relevant procurement will require to be carried out in line with relevant procurement legislation.
Risk & mitigation:	Development of this strategy will ensure a sustainable and consistent approach across Forth Valley area for palliative and end of life care needs.
Equality and Human Rights:	The content of this report **does** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

	The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Strategic Commissioning Plan: Palliative and End of Life Care 2025-2028

Clackmannanshire & Stirling Health & Social Care Partnership

Falkirk Health and Social Care Partnership

NHS Forth Valley

Vision

"Health and wellbeing are important throughout everyone's lives, although some may need additional support to enable them to live well with long term conditions. However, we want all people with palliative and end of life care needs to be able to access compassionate, responsive and co-ordinated holistic care and support throughout their palliative journey in their preferred location."

What is Palliative and End of Life Care?

The World Health Organisation[2] defines palliative care as encompassing "the care and support which is provided to support someone to live well following diagnosis of a life-threatening illness. This includes the support that is provided to their loved ones and carers."

Palliative care can look different for many people, with each having different journeys or trajectories when they have a life-threatening condition. As such, people can be cared for palliatively for many years. When someone is being cared for palliatively, there can be various health and social care services involved to help support the patient and their loved ones and carers. These include support to the person in managing the symptoms of their condition, such as pain, and also includes services that provide social, emotional and spiritual support.

As someone's condition(s) progresses, they will enter the end-of-life phase, which is often considered to be the last 12 months of a person's life. When someone is end of life, the number of services that they need support from will often increase, but, not everyone will need support from specialist palliative care services.

Introduction

Palliative and end of life care (PEOLC) remains a national and local priority for change and improvement. An ageing population, increasing multi-morbidities and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources. As well as staff constraints related to recruitment and retention all mean that the status quo in the way that people are currently supported through their palliative care and at end of life is not a viable option moving forward. It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will likely add increasing pressures onto the system of health and care.

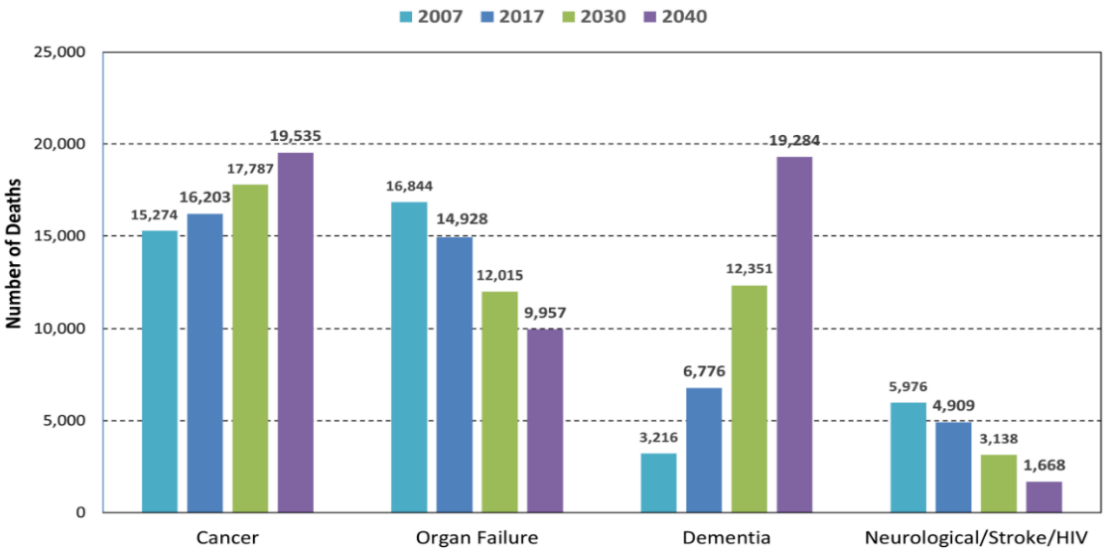
In Forth Valley (FV), there have been previous attempts over several years to develop a Strategic Plan for palliative and end of life care, most recently concluding in 2022 with the completion of the FV Strategic PEOLC Group's system-wide strategic review

[2] Palliative care

of palliative and end of life care across the whole of FV. Whilst never published, the Strategic Review provided a wealth of learning about our palliative care provisions and outlined a proposed direction of travel for services. This Plan aims to build upon the Review's findings and has consulted with clinicians and staff in all sectors of provision, and citizens across Forth Valley to ascertain what those using and delivering services believe the key areas of focus need to be moving forward.

Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of FV residents. These changes include an ageing population with anticipated significant increases in dementia (see below graph), as well as people living longer with very complex life-threatening conditions.

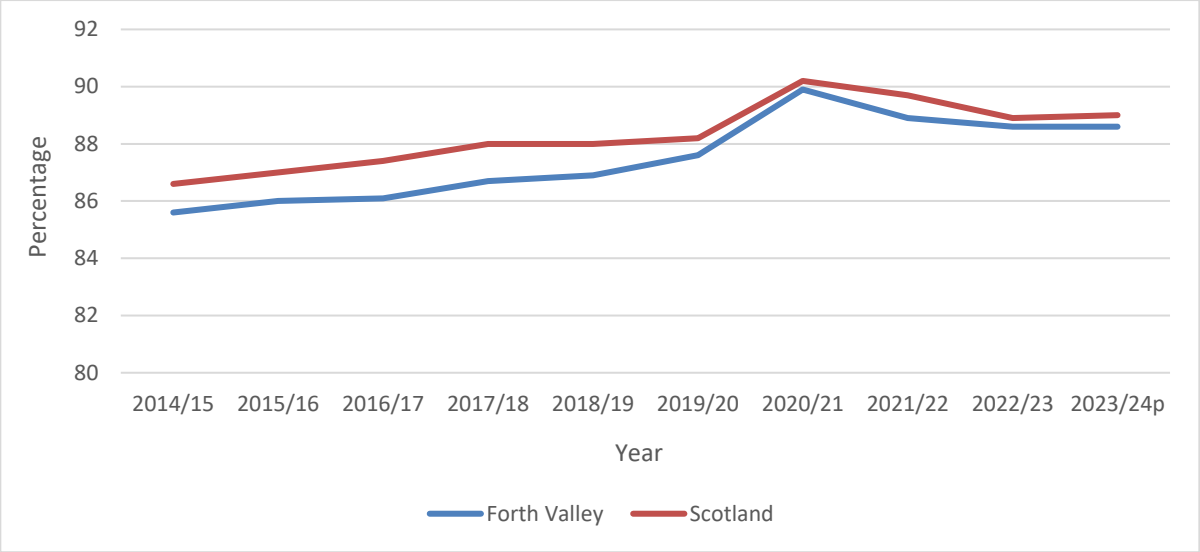
Projected main underlying cause of death associated with palliative care need by disease group up to 2040[3]



The line graph below shows yearly data since 2014/15 showing the percentage of the last six months of life spent in a community setting. Forth Valley, while close to the Scottish average, has never met or exceeded it. We know from previous work in this area that the majority of people when asked have indicated that they would wish to die at home. In 2022/23 the percentage of deaths in Forth Valley with three or more emergency admissions in their last 3 months of life was 5%, for reference this figure is considered "good." However, there is scope to continue to improve care co-ordination and community pathways to ensure that this is minimised as much as possible.

[3] Ref: Finucane AM, Bone AE, Etkind S, et al. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. BMJ Open 2021;11:e041317. doi:10.1136/ bmjopen-2020-041317

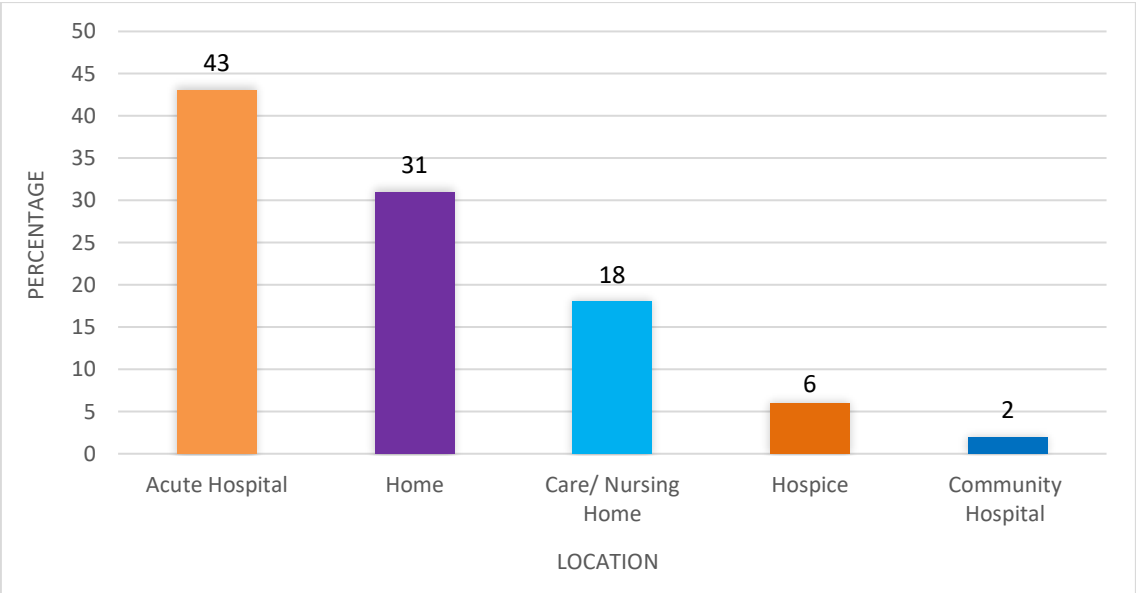
Quality Outcome Measure 10 – Percentage of last 6 months of life spent in a community setting[4]



p Data for 2023/24 is provisional.

Data in the below bar chart shows where someone who lived in Forth Valley died in 2023. The chart covers all deaths within Forth Valley and the figures are percentages. The percentages below include accidental and unexplained deaths which are removed from some measures, such as quality outcome measure 10. As can be seen, 45% of citizens died in a hospital. We know that for most people they express a wish to die at home and these figures do not reflect that preference.

Location of death of Forth Valley residents - 2023



[4] Percentage of end of life spent at home or in a community setting - Financial years ending 31 March 2015 to 2024 - Percentage of end of life spent at home or in a community setting - Publications - Public Health Scotland

Context

The approach outlined in this Plan is aligned to Falkirk HSCP's strategic priority of "support and strengthen community-based service", as outlined in their Strategic Plan. In Clackmannanshire and Stirling there is alignment of two strategic priorities of "Independent living through choice and control" and "Achieving care closer to home," as outlined in their Strategic Commissioning Plan. Development of a Strategic Commissioning Plan will also ensure a sustainable and consistent approach across the Forth Valley area for those with palliative and end of life care needs.

Scottish Government published their palliative care strategy for consultation in October (2024). The aims outlined in their proposed strategy, which they hope to achieve by 2030, are aligned to this piece of work, these are:

- adults and children in Scotland have more equitable access to well-coordinated, timely and high-quality palliative care, care around dying and bereavement support based on what matters to them, including support for families and carers.
- Scotland is a place where people, families and communities can support each other, take action and talk more openly about planning ahead, serious illnesses or health conditions, dying and bereavement. Communities, groups and organisations of many kinds understand the importance of good palliative and end of life care to the well-being of society.
- adults and children have opportunities to plan for future changes in their life, health and care with their families and carers.

Expenditure relating to PEOLC across Forth Valley

This section focusses on the most recent full year spend for palliative and end of life care within the Forth Valley. However, it is hugely challenging to break down in detail just how much expenditure is incurred in the provision of care to people in their last months, weeks and days of life. What can be identified is how much we spend in health and social care on services whereby PEOLC is a part of or entirely provided within services.

We know across in Forth Valley Royal Hospital there were 57,375 bed days for those who died in Forth Valley in 2023/24. This figure includes both elective and emergency admissions by people in their last 6 months of life. The annual cost of providing services to those in their last six month of life within Forth Valley Royal Hospital (FVRH) in 2023/24 was £36.37m.

We know that in our community hospitals there were 11,313 bed days for those in their last six months of life (this includes both elective and emergency admissions.) The annual cost of providing services within community hospitals in 2023/24 for those in their last six months of life was £5.03m.

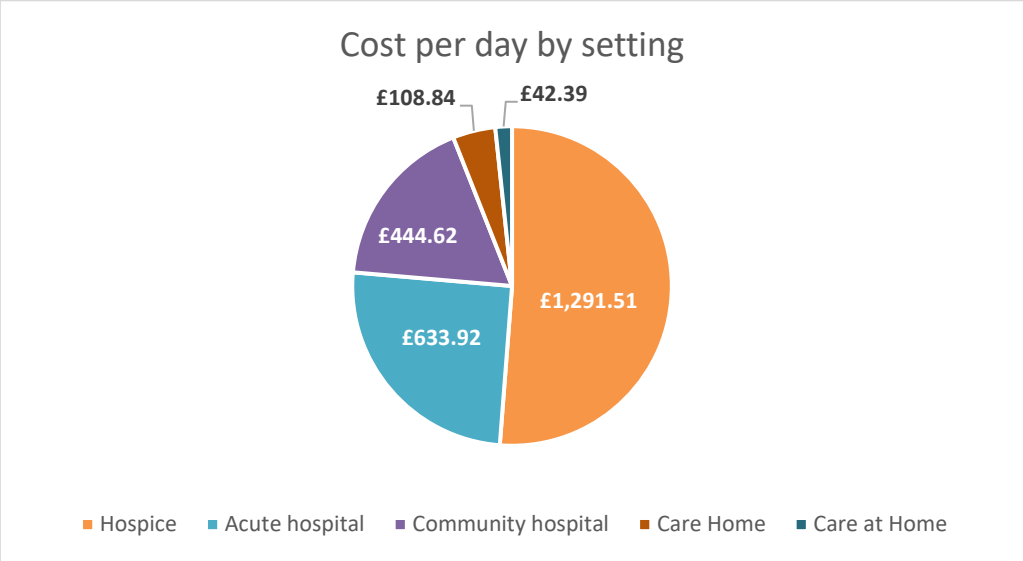
Calculating costs within community settings is more difficult than within hospital settings. However, using data published by Public Health Scotland that defined both the number of deaths in Forth Valley in 2022/23 and the number of deaths that happened in the community, for residential and nursing care homes by assuming 42% of people living in community settings died in a care home, this equates to 240,036 bed days. This figure assumes that for each person who died in that setting they spent all of their last six months of life in that setting. Based on the 2024/25 national care home contract rates minus the minimum charge for residents, this equates to £26.13m per year. Based on the above assumptions, the remaining 58% of those who were living in the community when they died, would have been living in their own homes this equates to 570,156 bed beds per year. By using the average package of care across Stirling for those with palliative condition, which is 12 hours per week, and use the Stirling Urban rate, which is aligned to the care at home rates in urban areas across Forth Valley, equating to £9.56m per year across the last six month of someone's life.

The annual cost, in 2022/23, of providing in-patient hospice care across FV through Strathcarron was £5.9m. The bed days for those who died in a hospice in 2022/23 was 4,571[5] bed days.

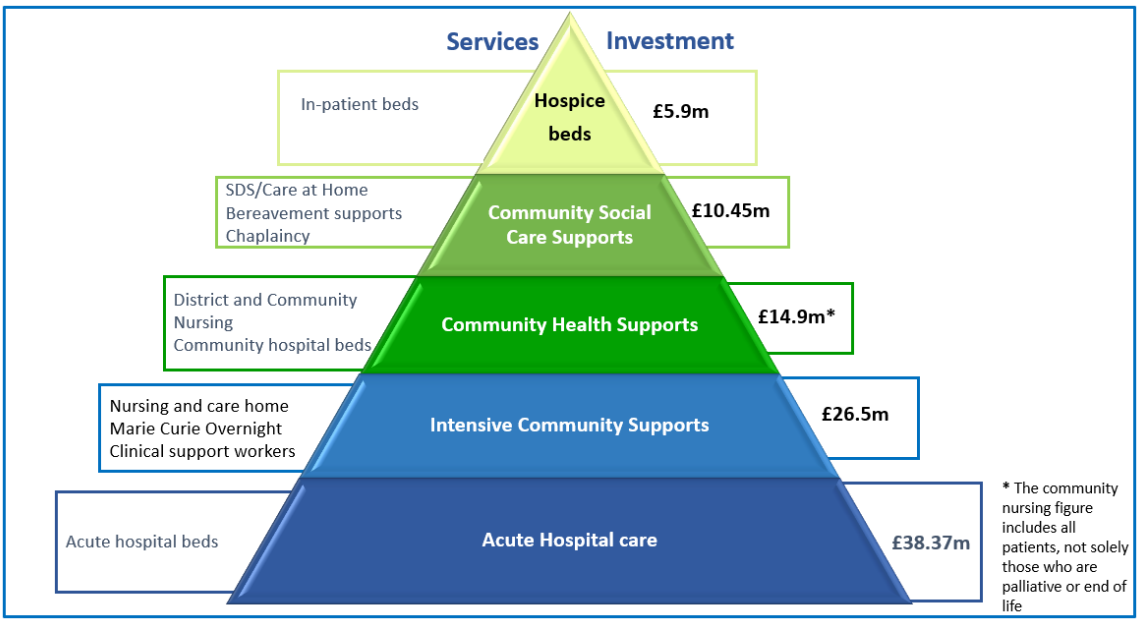
Almost the entirety of expenditure in PEOLC is provided for within the delegated responsibilities of the two Integration Joint Boards either through integrated budgets or within the 'Set Aside' budget relating to large scale hospital provision.

Based on the costs outlined above the below graph sets out the cost of one day within each of the aforementioned settings. It should be remembered that someone may not spend all of their last months of life within any one of the below settings, and it may be that someone moves between settings based on their conditions and preferences.

[5] *The hospice calculation is based on data from Public Health Scotland*



Below is a diagram outlining the current breakdown of costs for delivering palliative and end of life care per year at differing levels of acuity. It should be noted that the provisional PHS figure for percentage of last six months spent in a community setting is 88.6%.



Current Position

Whilst two periods of engagement and initial consultation on emerging themes were conducted to ascertain views from those within communities about what was important to them, it should not be forgotten that there is already work in many of areas of both palliative and end of life care already underway. Below outlines a selection of work that is underway or currently being prepared that will be of benefit to those delivering as well as accessing palliative or end of life care.

Community and acute services are collaborating on system-wide projects to understand how we can expand or make better use of our existing resources such as our 24/7 palliative care line. There are plans in place to concentrate interventions before patients are admitted to hospital, ensuring improved coordination and responsiveness of community services. There is a need for an improved palliative care presence and work is underway regarding specialist palliative staff to contribute and feed in their expertise in more ways.

A palliative care ‘faculty’ is in the process of being created where a specialist educator will work alongside senior leaders to deliver a robust curriculum of palliative care training that will be available to all health and social care professionals. With the support of these leaders, this faculty will be responsive to the needs of the local teams that support you and will develop palliative care trainers who are embedded within local teams across Forth Valley. They will also have time dedicated to supporting critical teams such as third sector colleagues where there is an established need, particularly for communicating with people who are bereaved. This approach will mean more workers are upskilled in a way that is consistent across Forth Valley. And mean more staff will possess the knowledge and capabilities to support those who are palliative or end of life, increasing our provision both within acute and community settings.

Work will be taken forward from late 2024 which will pilot a targeted Treatment Escalation Plan approach in hospital settings, with system-wide future care planning approaches to be approved by Clinical Governance groups into 2025. Research is being planned to support the development and evaluation of these interventions over the coming years to ensure this support has a positive impact on people using it.

There is work underway to look at recruitment of staff to allow equitable access to bereavement support for those who would like to use it. As currently, it can be quite difficult for people to access this type of support, and it is largely delivered by the third sector with very limited input from the NHS or HSCPs to provide the upskilling, development, coordination, collaboration, assurance and support, which our third sector colleagues need.

Engagement

Thank you to all those who were involved and candidly shared their experiences. These accounts have been fundamental to understanding the direction of travel needed to ensure that people are able to access supportive, dignified and high-quality care at end of life in the place of their choice.

An initial period of engagement took place across Stirling, Clackmannanshire and Falkirk between April and May 2024. Engagement was sought from those who had

views on palliative and end of life care. The feedback gathered contained a broad mix between people with professional experiences, both within the NHS and third sector organisations, and those with personal experiences.

Across Forth Valley there were six engagement events open to the public and who were attended mostly by those with professional experience of palliative and end of life care. There was a special session at the Forth Valley Royal Hospital for NHS staff. There was also a session hosted in Stirling that specifically sought the views of people who had experience of palliative and end of life care as a result of a loved one using drugs and/ or alcohol. This is often an area where care and support can differ from that received by those who are dying of other conditions. In addition, an online survey was published, which was mostly completed by those with personal experiences of palliative and end of life care.

Throughout the engagement period view were sought regarding experiences of community palliative and end of life care services, as opposed to those found within acute hospitals. In total 202 people responded either in-person on online. The questions were based around views of what has/ is working well when accessing or delivering these services within the community, what could be done better and what should we be aspiring to in the future. It is important to remember that there is a multitude of good work that is already happening in communities, and it was important to capture this, and the impacts both has had on families and continues to offer.

A subsequent period of engagement took place between August and September to look at people's understanding of services and to check whether the information that was analysed from the earlier period of engagement was aligned to people's experiences. An online survey was available, alongside in person sessions were also set up across Stirling and Clackmannanshire and staff session which took place in Falkirk. Whilst the uptake was lower than the first round of engagement, almost all respondents agreed with the vision and priority areas and provided a useful initial understanding of their knowledge of various services. Engagement with at least one of the rounds of engagement across Forth Valley totalled 259.

Findings

It was clear from engagement that the experiences of those who died in hospital as opposed to in the community were very different. This is an important point as it reinforces the differing experiences of people and their loved ones during the end of a person's life.

One key consideration for some was rurality, with themes raised that encompassed transport, which make support in someone's community all the more important. In

addition to emphasising that rural communities are very resilient and self-sufficient, leading them to be more responsive to the needs of its citizens than urban locations.

The experiences shared around end-of-life care where substance use was – or was perceived to be – a factor, were stark. While those asked highlighted problems aligned to other forms of death, the stigmatised nature of substance use, and forms of discrimination experienced by loved ones and staff attempting to support people, provided additional distress. What was clear was an insistence that people's dignity should always be upheld, regardless of their personal histories.

While there were some themes that were pertinent to some groups of people, there were initially five key themes, that were repeated throughout the in-person sessions and came through strongly in the survey responses. However, after further engagement with those who work within this area a sixth theme was added. The six priority themes are as follows:

- Communication
- Coordinated Care
- Staff Learning and Education
- Holistic Future Care Planning
- Education/ Awareness for families and carers
- Bereavement Support

Key Themes

Achieving a good death for those in Forth Valley will take change, commitment and action from a multitude of areas within health and social care provision, as well as a clear understanding of what is available to those living within our localities. Drawing on the engagement and initial consultation on emerging themes, the policy direction, and good practice examples, the following sections describe areas for action.

Clear themes have been extracted from engagement activities, these were topics that were raised multiple times in both Health and Social Care Partnership areas. Those themes are expanded on below to take into account what was considered to be so fundamental to accessing high quality palliative and end of life care for all those involved.

Communication

This underpins all areas of work and is often the bridge between understanding what is happening and what could happen for both those at the end of their life, and their family members. Communication was regarded as the single biggest factor in people having a positive experience of someone dying, as they knew what to expect, what

was happening, and to understand that person's wishes. From a staffing perspective training and improving skills was also a key area of note.

What we were told

Close working between colleagues across primary and community care was seen to be vital, especially at end of life. This allowed families to feel reassured and in some cases this reassurance and understanding of what was happening likely avoided a hospital admission. Another positive that was highlighted was swift access to equipment meaning that someone can stay in their own home while they are being supported or cared for.

Improvements that could be made were identified as having more opportunities for staff to increase their knowledge around what supports are available to appropriately signpost patients and families onto services. Community engagement would also be a useful way to pass on information to patients and families about available services. In addition, staff access to GPs was seen as an area for improvement for staff members, as there is not a dedicated phone line for staff. Accessing and sharing information was also seen as an area for improvement, which is further defined in following priority areas. This follows onto fostering collaboration and improving partnership working between healthcare, social care and third sector staff, including better referral processes into other agencies. Clinicians were described as needing to use accessible language when speaking to families and when drafting plans to enable them to be more easily communicated and understood by others. As well as communicating that palliative can last for a long time, which may allow people to get their affairs in order, perhaps at an earlier stage.

Coordinated care

There are numerous services involved in supporting someone who is palliative and these are likely to change with time in response to the person's changing needs. These services are delivered by a wider range of health, social and third sector colleagues, and often it is difficult for a service to know who else is involved in someone's care and it can be difficult for a person and their loved ones to keep track of these services. This includes support for families of children and young adults being treated by paediatric care within hospital settings.

What we were told

Having access to continuity of care from trained staff was seen to be reassuring, especially when those receiving palliative and end of life were described as being very private. This was equally the case for multidisciplinary team working for those who had experienced it. The impact of this was also evident when families mentioned the work of doctors and district nurses working together and supporting the work of each other, to ensure the patient was able to access what they needed.

In terms of improvements, sharing information with other agencies was a recurrent topic as was knowing what others are doing when attending a patient at home, which would hopefully reduce duplication of work. A way to do this could be through holding multidisciplinary team meetings with voluntary services and social work as well as disciplines across the NHS in attendance. This was thought to have a positive impact as it would allow many people to input information and have shared communications across agencies. In addition, having access to a consistent service that is available regardless of condition, with an Out of Hours provision which does not have times of the day where there is a reduced response as support is sufficiently overlapped to prevent differences in delivery throughout the day.

Aspirations included creating a single point of contact, with one person who could direct care and support on the behalf of families. This would also offer consistency as well as reassurance to the family.

Staff Leaning and Education

Ensuring staff are able to provide high quality palliative care, and when the time comes, end of life support is very important. There are different considerations depending on someone's abilities following a diagnosis and supports, for example personal care can look very different if someone is unable to move. Whilst there is a specialist palliative care team, not everyone will need access to this specialised support. Supporting someone and their family at end of life is very important, whether this is delivered by a specialist team or not, from providing the correct personal care, to having conversations early on about someone's wishes and informing loved ones when someone is at the end of their life.

<u>What we were told</u>

The importance of staff being able to have difficult conversations was raised, and how this can vary depending on setting. When someone was being supported at home, having staff who were able to provide high quality care and answer questions/ signpost, was seen to be a key part for loved ones, who may also be unpaid carers, feeling that they could take a break and get some respite. If care or support is not available, or aspects aren't fully explained this can lead to additional worry and anxiety from the carer, which can affect their health and wellbeing.

There was also acknowledgement that end of life care isn't something that certain clinical staff should be trained to provide, but something that is important for multiple areas and agencies to manage. Having upskilled staff available also allows the specialist team to spend their time with cases that do require their expert skill set, whilst making sure that those who need to access supports are able to, as there would be more staff members who can provide it.

Holistic Future Care planning

Future care planning encompasses thinking and planning ahead. Holistic future care planning involves having conversations with a professional about what matters most and if there are changes in someone's life, health or care, what these changes could look like, and how these would best be responded to? Conversations could take place between a doctor, nurse or care worker, as it is important for them to know someone's wishes when planning for their treatment and care.

What we were told

A positive piece of work was highlighted as having access to paper documents, for example Respect and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents being available in someone's home. This allows paramedics to see them when attending calls and supports them to act according to that patient's wishes, even if they are unable to verbalise their wishes. It was also noted that those patients and families who had had discussions with professionals felt better prepared for what was to come, leading to further reassurance.

Suggested improvements in this theme included being more holistic and taking into account non-medical interventions which can give some people support for example, exercise, sleep, diet and faith or spirituality, with a wider availability of non-medical interventions were all raised. Building relationships to have conversations with loved ones about end-of-life care. In addition to providing a good death through respecting someone's wishes, this may mean not providing someone with treatment, which may be a challenge for staff who are used to making people better/ well again.

Aspirations were described as allowing patient's to be supported to express their wishes and plans at an early stage. There should be a discussion of what different options mean, so that someone is making an informed decision about what they would like to happen to them. This would be an ongoing conversation, as someone may have a palliative condition and live for many years in which times their wishes may change multiple times.

Education/ Awareness for families and carers

It was clear from those who had experienced a loved one dying that there tended to be uncertainty of what was available, and even what PEOLC encompassed. This was split into two different aspects:

i) understanding what is available locally to access as someone supporting their loved one,

ii) a service, or source of information, that their loved one could access to help them understand what may happen due to a palliative diagnosis and provide them with practical information relating to a loved one's condition.

What we were told

It was noted that those who had more positive experiences were able to access support as a family member, which included practical advice, at a pace where this information could be processed. Support for loved ones was also reported to help reduce pressure on families.

Suggested improvements were described as placing further importance on peer support and hearing from others who are going through something similar or have experienced it before. As these are people who understand, from a non-clinical perspective, what it's like and can help families and carers through this process, especially as care is often concentrated on the person with a palliative condition. In addition, clearer dialogue from professionals about deterioration and what a progressive prognosis means would increase understanding of a loved one's condition.

In terms of aspirations, it was clear that there is a feeling that there needs to be earlier identification of who needs support, and what that support looks like as it is not always medical. For example, it can be simple, practical information regarding wills, what bus routes are available to someone, or what groups are going on close by that they could join.

Bereavement Support

Support for those who have lost someone should be tailored to the person and should begin before someone dies. It is important that people feel supported when they know that their loved one will die. Consistent with the wider principles of palliative care, bereavement needs are holistic and can include emotional, social, financial and spiritual health and wellbeing.

What we were told

Support for those who have lost someone should be tailored to the person and may not be needed immediately after a death. Therefore, flexible support when someone needs to access to it is key. It was noted that there may be times when a special service may be needed for bereavement, such as when someone has died due to drug and/or alcohol use family members felt they would be judged and, in some cases, did not feel they could disclose how their loved one died for fear of being stigmatised. This also can lead some people to be worried or fearful of accessing support.

Suggested improvements highlighted would be about having flexible support when someone needs to access it. There is a need for our health and social care professionals, and our third sector colleagues, to have a good understanding of bereavement care, and for bereavement care to be equitable. For example, for some even the perception of substance use in a person's life can result in negative judgments about them, with direct impacts on their ability to access care and support. Loved ones often reported struggling to grieve years after a death, unable to acknowledge the circumstances of their loss for fear of experiencing stigma and discrimination compounding the loss.

The aspiration would be for grief counselling and bereavement support for families, that is available when they need to access it, and peer support, to hear from those who have gone through this before.

Summary

Based on the six themes the following aims for palliative and end of life care have been developed:

- A consistent approach to palliative and end of life care, which enables everybody, who would benefit from such care and support, to access it when they need it.
- Holistic future care planning is an integral focus when coordinating care, allowing people with life-shortening conditions to be involved in arrangements that affect them. Families and carers of those with life-shortening conditions have timely access to practical information, and emotional support.
- There is a need to 'shift the balance of care' in PEOLC from medical and nursing environments to people's own beds in their own communities and targets for achieving this have been suggested in this strategic commissioning plan**.**

Commissioning intentions

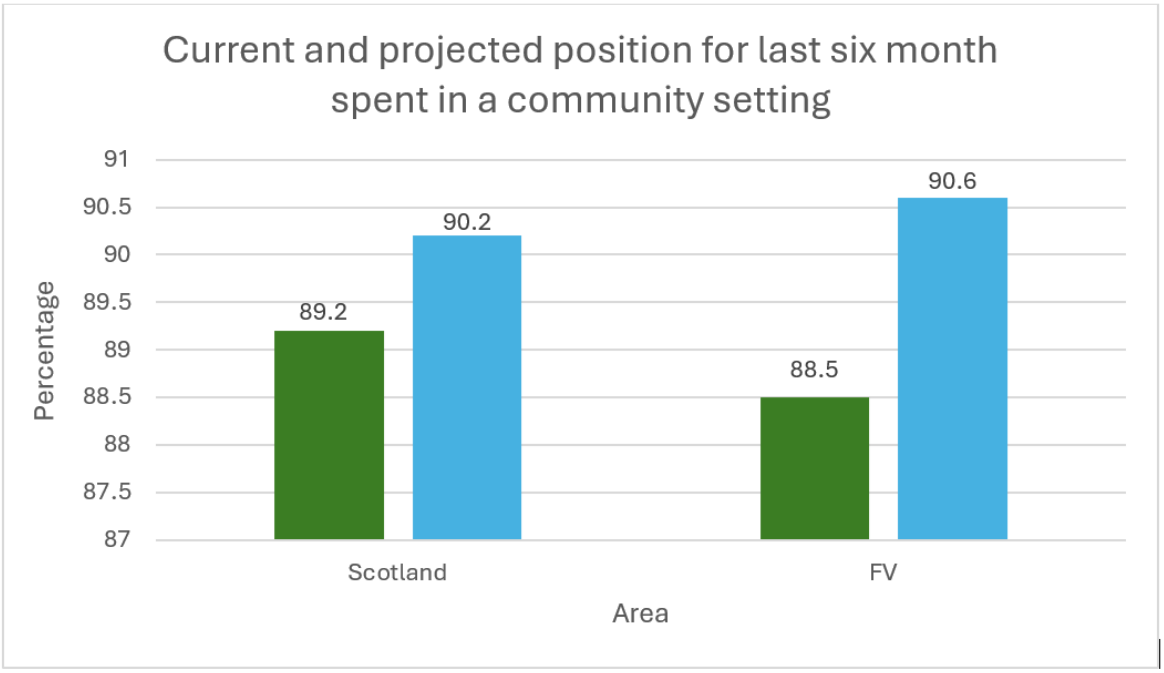
It is clear that in good quality palliative and end of life care, primary and community care play a key role in coordinating care, planning and supporting family members with the wishes of the person at the end of life and there is a demand for this to be more widely available across Forth Valley.

There are key relationships and avenues of communication throughout primary and community care that include district nursing, general practitioners and pharmacists that need to be developed, supported and sustained.

There is a need for increased understanding and information about palliative and end of life care, and its associated services to ensure awareness of supports to assist people through dying and bereavement.

- There is a need for those who deliver services to be clear of theirs and other's roles and responsibilities to improve palliative and end of life care services.
- There is a need for person centred future care planning to be offered to more people, involving their family and carers which can then be shared as widely as possible, across services, to ensure someone's wishes are known.
- There is a need for the availability of and experiences of bereavement support and care around dying to be improved.
- There is a need for staff who deliver palliative care to be ably supported in their role and have access to training to continue to develop their skills in this area.

Based on what we have been told by those accessing services within the community, the balance of care needs to shift to align to the preferences of citizens. In addition, given that the number of deaths will continue to rise, we are unable to continue delivering care and support in the way it is currently provided. Based on data taken from PHS regarding quality outcome measure 10(QOM10) which is the percentage of last 6 months of life spent in community setting. Below the green bar in the chart shows the average QOM10 measure based on data from 2021/22 to 2023/24. Whilst the blue bar corresponds with the projected position for 2026/27 for QOM10 based on current trajectory.



If the current trend in performance were to continue to improve to 2026/27 along current trajectories and noting the projected number of deaths for 2026/27 (using the National Records Scotland (NRS) 2018-based population projections) it is possible to estimate the number of bed days that would be used by people in their last 6 months of life. Across NHS acute, NHS community hospital, hospice sites this would equate to nearly 11,000 bed days per year (or 30 beds per day during 2026/27 based on 100% occupancy). In the current financial climate the current trend in performance will only be maintained with additional resource and investment in community support systems.

Appendix 2

Clackmannanshire & Stirling Health & Social Care Partnership

Palliative and End of Life Care – Carer's Statement of Intent

Carers play a huge role in supporting people within our communities. The Clackmannanshire and Stirling Strategic Commissioning Plan has the need to consider carers woven throughout it, to support their active participation and our informed decision making.

Carers were consulted through the development of Forth Valley Palliative and End of Life Care Strategic Commissioning Plan and are a key component within the Plan. Below are some of the aspects taken from the Plan that summarise what carers and those supporting someone can expect.

Unpaid carers of those that are diagnosed with a palliative condition will be offered an Adult Carer Support Plan within two days of the palliative diagnosis. It is likely that in many cases an Adult Carer Support Plan has already been progressed, however their Adult Carer Support Plan should be reviewed to reflect the recent diagnosis.

Vision

"Health and wellbeing are important throughout everyone's lives, although some may need additional support to enable them to live well with long term conditions. But we want all people with palliative and end of life care needs to be able to access compassionate, responsive and co-ordinated holistic care and support throughout their palliative journey in their preferred location."

Palliative and end of life care areas for priority

- **Communication**
- **Coordinated Care**
- **Holistic Future Planning**
- **Education/ Awareness for families and carers**
- **Bereavement Support**

Palliative and End of Life Care Aims:

- **A consistent approach to palliative and end of life care, which enables everybody, who would benefit from such care and support, to access it when they need it.**
- **Future planning is an integral focus when coordinating care, allowing people with life-shortening conditions to be involved in arrangements that affect them.**
- **Families and carers of those with life-shortening conditions have timely access to practical information, and emotional support.**

Palliative and End of Life Care Outcomes:

- **There is a need for increased understanding and information about palliative and end of life care, and its associated services to ensure awareness of supports to assist people through dying and bereavement.**
- **There is a need for those who deliver services to be clear of theirs and other's roles and responsibilities to improve palliative and end of life care services.**
- **There is a need for person centred future care planning to be offered to more people, involving their family and carers which can then be shared as widely as possible, across services, to ensure someone's wishes are known.**
- **There is a need for the availability of and experiences of bereavement support and care around dying to be improved.**
- **There is a need for staff who deliver palliative care to be ably supported in their role and have access to training to continue to develop their skills in this area.**

Implementation Support

The commitments outlined in this document related directly to the Strategic Commissioning Plan for Palliative and End of Life Care, 2024.

Their implementation will be outlined through subsequent action plans, which will be supported by Health and Social Care staff, as well as employees from organisations who work within the area of palliative and end of life care.
Associated support services will be included within the Carer Support Pack at the link below
Clacksandstirlinghscp.Carers-Support-Pack.pdf

Appendix 3

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/011
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	No
Approval Date	20 November 2024
Services / functions covered	Inpatient facilities and community healthcare provision provided and contracted by NHS FV Residential and non-residential social care support provided and contracted by Clackmannanshire and Stirling Councils
Full text of Direction	NHS FV, Clackmannanshire and Stirling Councils to support their employees within the HSCP to progress the development of an implementation plan to deliver the strategic commissioning intentions set out in the PEOLC Strategic Commissioning Plan. This to be undertaken using a Commissioning Consortium approach with key stakeholders.
List of key stakeholders impacted and any specific engagement and consultation requirements	Consulted at Strategic Planning Group consulted 21 August 2024 Two rounds of consultation took place that were advertised via a number of platforms, those who took part included: Unpaid carers Supported individuals Third sector Independent sector HSCP staff NHS colleagues Those with an interest in the subject
Timescale(s) for Delivery	March 2025 IJB
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	March 2024 – Item 9 - Palliative and End of Life Care IJB-27.03.24-v2.pdf
Budget / finances allocated	This direction relates to the development of an implementation plan, detail will come in a subsequent Direction should there be changes to existing commissioning arrangements following completion of the plan.
Performance Measures	The production of an implementation plan to deliver the Strategic Commissioning Plan
Date direction will be reviewed	March 2025 IJB

Appendix 4

Standard Impact Assessment Document (SIA)
Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: **Name of EQIA being completed i.e. name of policy, function etc.**

Forth Valley Strategic Commissioning Plan: Community Palliative and End of Life Care

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☒ **Project** ☐ **Protocol** ☐ **Service** ☐ **Other, please detail** ☒

Q2: What is the scope of this SIA

Service Specific ☐ Discipline Specific ☐ Other (Please Detail) ☒

Clackmannanshire & Stirling Health and Social Care Partnership

Q3: Is this a new development? (see Q1)

Yes ☒ No ☐

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Lisa Powell, Planning and Policy Development Manager, Clackmannanshire & Stirling Health and Social Care Partnership
SLT members

Q6: Main person completing EQIA's contact details

Name:	Lisa Powell	Telephone Number:	
Department:	Strategic Planning	Email:	Lisa.powell@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

Palliative and end of life care (PEOLC) remains a national and local priority for change and improvement. An ageing population, increasing multi-morbidity and complexity, rising demand, equity of access, changes in location of care and death, in addition to rising pressures on resources, as well as staff constraints related to recruitment and retention all mean that the status quo is not a viable option moving forward. It is also important to note that the projected increase in the over 85 population is likely to increase by 42% between 2024 and 2035 and by 68% between 2024 and 2043, which will add increasing pressures onto the system.

Vision – "All those with palliative and end of life care needs are able to access compassionate, responsive and co-ordinated holistic care and support throughout their palliative journey in their preferred location, in line with what is achievable."

The following aims for palliative and end of life care have been developed as a means to ensure a consistent approach across Forth Valley, and to develop overarching principles which outline the direction of travel which are clear for staff to work towards and an understanding of what to expect for those who access services, as well as their loved ones:

- A consistent and coordinated approach to palliative and end of life care, which enables everybody, who could benefit from this type of care and support, to access it.
- Future care planning is an integral focus when coordinating care, allowing people with life-shortening conditions to be involved in arrangements that affect them.
- Families and carers of those with life-shortening conditions have timely access to practical information, and emotional support.
- Care and support will be provided by appropriately skilled individuals.

Furthermore, the following outcomes have been drafted to help outline what staff, people at the end of their live and their loved ones can expect in terms of care and support:

- There is increased understanding and information about palliative and end of life care, and its associated services. To ensure awareness of supports to assist people through dying and bereavement.
- Those who deliver services will be clear of their, and other's roles and responsibilities to improve palliative and end of life care services. This could be achieved through increased access for those who would benefit from these services, earlier identification and consistent delivery.
- Person centred future care planning will be offered to more people, involving their family and carers. It will also be shared as widely as possible, across services, to ensure someone's wishes are known.
- Experiences of bereavement support and care around dying are improved.
- Staff who deliver palliative care are supported in their role and have access to training to continue to develop their skills in this area.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff ☒ Service Users ☒ Other ☒ Please identify - Third sector

(ii) Have they been involved in the development of the function/service development/other?

Yes ☒ No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:

An initial consultation period took place across Stirling, Clackmannanshire and Falkirk between April and May 2024. Engagement was sought from those who had views on palliative and end of life care, this could be through personal experience or an interest, engagement was open to the public, as well as professionals from the NHS, third and independent sectors, however there were no prerequisites dictating who could be involved. The feedback gathered contained a broad mix between people with profession experiences, both within the NHS and third sector organisations, and those with personal experiences.

In Stirling and Clackmannanshire five engagement events (which took place in Callendar, Tilicoultry, Killin, Alloa and Stirling) were open to the public although were mostly attended by those with professional experience of palliative and end of life care. There was also another session hosted in Stirling that specifically sought the views of people who had experience of palliative and end of life care as a result of a loved one using drugs and/ or alcohol. This is often an area where care and support can differ from that received by those who are dying of other conditions.

As well as the consultation events, an online questionnaire was circulated to both staff and citizens living in Forth Valley, these were mostly completed by those with personal experiences. Flyers were created with details of both the online survey and the in-person engagement events. These flyers were shared with the following to be displayed or for onward circulation:

- Palliative and End of Life care providers and staff
- NHS staff working within palliative and end of life care (including District Nurses)
- Locality Planning Group members
- Community Councils
- Care Homes across both council areas
- Third Sector partners
- GP surgeries across both council areas
- Library network across both council areas
- Service user representatives
- Health Improvement colleagues

A subsequent period of engagement took place between August and September to look at understanding of services and to check the information that was analysed from the earlier consultation was aligned to people's experiences. An online survey was available, and two in person sessions were also set up, one in Bannockburn and the other in Clackmannan.

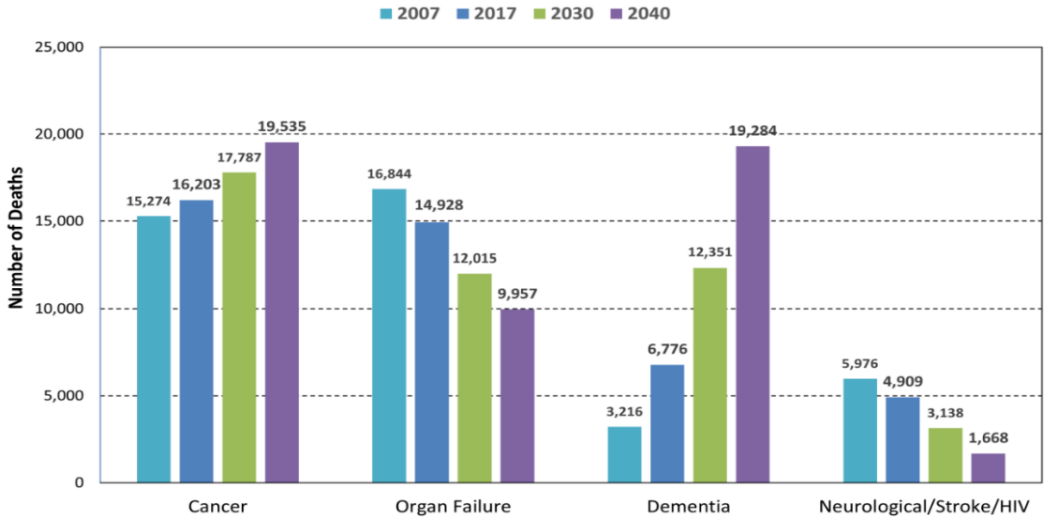
Across both rounds of consultation, in person sessions and online surveys, a total of 161 views were contributed from both Stirling and Clackmannanshire.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

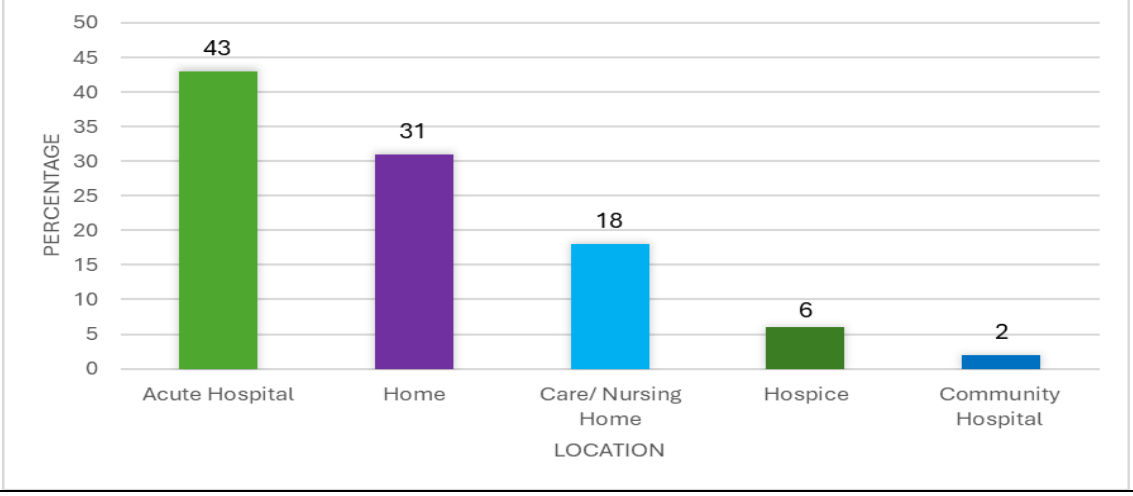
Our health and social care system needs to evolve and transform to keep pace with the changing PEOLC needs of Forth Valley residents. These changes include an ageing population with anticipated significant increases in dementia (see below graph), as well as people living longer at younger ages with very complex life-threatening conditions.

Projected main underlying cause of death associated with palliative care need by disease group up to 2040[1]



Data in the below bar chart shows where someone who lived in Forth Valley died in 2023. The chart covers all deaths within Forth Valley and the figures are percentages. The percentages below include accidental and unexplained deaths which are removed from some measures, such as quality outcome measure 10. As can be seen, 45% of citizens died in a hospital. We know that for most people they express a wish to die at home, or in a homely environment such as a care or nursing home, and these figures do not reflect that preference.

Location of death of Forth Valley residents - 2023



[1] Ref: Finucane AM, Bone AE, Etkind S, et al. How many people will need palliative care in Scotland by 2040? A mixed-method study of projected palliative care need and recommendations for service delivery. BMJ Open 2021;11:e041317. doi:10.1136/ bmjopen-2020-041317

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	**Positive**	**Adverse/ Negative**	**Neutral**	**Comments** **Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)**
Age	x			The two phases of consultation were open to all thus people of all ages were able to contribute their thoughts and views which influenced the drafting of the Strategic Commissioning Plan. Furthermore, the Plan outlines the strategic intent of what supported people can expect regardless of someone's age.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			The two phases of consultation were open to all thus people with a variety of conditions, or having cared for a loved one with specific conditions, were able to contribute their thoughts and views which influenced the drafting of the Strategic Commissioning Plan. Furthermore, the Plan outlines the strategic intent of what supported people can expect regardless of the condition(s) they are living with, to help define a consist approach to care and support despite someone's disability.
Gender Reassignment			x	We are anticipating a neutral impact.
Marriage and Civil partnership			x	We are anticipating a neutral impact.
Pregnancy and Maternity			x	We are anticipating a neutral impact.
Race/Ethnicity			x	We are anticipating a neutral impact.
Religion/Faith			x	We are anticipating a neutral impact.
Sex/Gender (male/female)			x	We are anticipating a neutral impact.

Sexual orientation			x	We are anticipating a neutral impact.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Staff members were invited to and attended consultation sessions or completed the online surveys and input their thoughts and experiences, across both phases of the consultation. Their understanding of how others perceive their service, the skills they provide, what else is available as well as what could be improved, and the interplay between different care and support agencies have all helped shape and influenced the drafting of the Strategic Commissioning Plan. There are also specifically aims and outcomes drafted specifically for staff, taking account of the skills and coordination needed to complete their roles.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers	x			The two phases of consultation were open to all thus carers were able to attend sessions in person, on complete the online surveys to have their voices and experiences relayed. Furthermore, their experienced have all helped shape and influenced the drafting of the Strategic Commissioning Plan, with specifically aims and outcomes drafted specifically for loved ones and unpaid carers.
Language/ Social Origins			x	We are anticipating a neutral impact. However, by setting out a vision, aims and outcomes it is hoped that it will be clearer what can be anticipated in terms of accessing palliative or end of life care and support.
Low income/poverty			x	We are anticipating a neutral impact.

Rural Areas	x			In recognition of more rural communities in Stirling, specific engagement events took place in Killin and Callender to ascertain the views of those living within these and surrounding communities. It was clear that there are different experiences for those living in more rural parts of the Partnership, and as such the Strategic Commissioning Plan aims to have a consistent approach to care and support regardless of where someone chooses to live.
Third Sector	x			The two phases of consultation were open to all and thus third sector organisations were able to contribute their views. The consultation was also promoted by the Third Sector interfaces. As such, the views of the third sector have helped influence the drafting of the Strategic Commissioning Plan, especially as the third sector plays a key role in supporting people and their loved ones within the community.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐ No ☒

Q11: **Is a detailed EQIA required?**

Yes ☐ No ☒

Please state your reason for choices made in Question 11.

This approach is focussed on the strategic commissioning approach to palliative and end of life care in the community. Given the limited remit of this paper, and that it sets out high level principles for delivery, as opposed to defining new ways of working, a more detailed EQIA is not required.

A framework of legal rights and duties which underpin palliative and end of life care and support are listed below:

- The Equality Act 2010
- The Community Care and Health (Scotland) Act 2002
- The Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Adult Support & Protection (Scotland) Act 2007
- Social Care (Self-Directed Support) (Scotland) Act 2013

N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	14/10/2024		
Date of next EQIA Review	14/10/2029		
Signature		Print Name	Lisa Powell
Department or Service	Strategic Planning		

Please keep a completed copy of this template for your own records and attach to any appropriate papers / proposals etc as a record of SIA or EQIA completed.

Send copy to fv.clackmannanshirestirling.hscp@nhs.scot for publication once approved.

B: **Standard/Detailed Impact Assessment Action Plan**

Name of document being EQIA'd:

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed: Date:

Clackmannanshire & Stirling
Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 10

Financial Recovery Plan

For Approval

Paper Approved for Submission by:	David Williams, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	No

Clackmannanshire Council
Stirling Council
NHS Forth Valley

Directions	
No Direction Required	
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	x

Purpose of Report:	To provide the IJB with oversight of budget recovery activity and options in line with the requirements of the Integration Scheme.

Recommendations:	The Integration Joint Board is asked to: 1) Note and consider the contents of the paper. 2) Note and approve the further actions set out in Section 4 3) Issue the Directions as set out in the appendix

Key issues and risks:	As set out in the financial report to the 2 October IJB meeting there will be an overspend on the partnership budget in the current financial year. A financial recovery plan is therefore required as set out in the extant integration scheme. Even if all proposals set out in this paper were implemented along with continuing with the previously reported control actions, there will be a material level of overspend at the year end. It will also be extremely challenging to set a balanced budget for 2025/26 meaning ongoing requirement for financial recovery plans. This paper sets out the significant level of risk to performance, service delivery and discharge of the statutory obligations of the NHS Board and both Councils.

1. Background

1.1. The IJB approved a ‘technically balanced’ revenue budget on 27 March 2024 which required £10.094m of savings and efficiencies and the holding of £3.947m of reserves to bridge the remaining in year financial gap meaning that general reserves would reduce to zero. The savings requirements in relation to the integrated budget were 5 times that achieved in 2023/24, and the accompanying savings and transformation programme was accompanied by a risk assessment.

1.2. The level of projected overspend detailed within the financial report also on today's agenda is driven by a combination of levels of demand being significantly in excess of that forecast, increasing cost and volumes in Primary Care Prescribing and lack of traction on delivery of the savings and transformation programme.

1.3. The IJB considered some financial recovery actions being undertaken at its meeting of 2 October 2024 and given the level of ongoing financial risk directed the Interim Chief Officer and Chief Finance Officer to engage with Scottish Government to discuss the position, and engage with Chief Executives and Directors of Finance/Chief Finance Officers of the constituent authorities and bring back a financial recovery plan to a special IJB meeting as soon as possible. This special IJB meeting was scheduled for 8 November but required to be cancelled due to unforeseen circumstances impacting the whole of Stirling Council.

1.4. The Interim Chief Officer and Chief Finance Officer met with Scottish Government officials on 29 October 2024 post writing to the Director General for Health and Social Care following the 2 October meeting of the IJB. The considerations set out in this paper were used to inform government officials and the potential impact of the financial position on the constituent authorities was highlighted including, specifically, the impact on NHS Forth Valley's projected financial position and that neither local authority has capacity within their reserves position to meet potential shares of projected overspends.

2. Approach taken.

2.1. Section 8.5 of the Integration Scheme sets out the process where an in-year overspend on the Integrated Budget (which excludes set aside) is projected. For members' convenience this section is detailed below in italics.

8.5 In-year overspend on the Operational Integrated Budget;-

8.5.1 Where there is a projected overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the relevant finance officer and operational manager of the constituent authority must agree a recovery plan to balance the overspending budget.

8.5.2 In addition, the Integration Joint Board may increase the payment to the affected body, by either:

I. Utilising an under spend on another arm of the operational Integrated Budget to reduce the payment to that body;

and/or

II. Utilising the balance of the general fund, if available, of the Integration Joint Board in line with the reserve policy.

8.5.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:

I. Make additional one-off payments to the Integration Joint Board, based on an agreed cost sharing model; or

II. Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address this; or

III. Access the reserves of the Integration Joint Board to help recover the overspend position.

8.5.4 The exception is for overspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events, e.g. pay inflation. Unplanned overspends effectively represent underfunding by the Local Authorities or Health Board with respect to planned outcomes and the cost should be met by the relevant Local Authorities or Health Board, subject to the financial capacity of the relevant partners.

2.2. In terms of additional payments to the IJB all constituent authorities have informed the Interim Chief Officer and Chief Finance Officer there is no financial capacity to do this. Scottish Government officers advised the Interim Chief Officer and Chief Finance Officer that the risk to and probable impact on the NHS Board's financial position would be discussed at the Quarter 2 review meeting.

2.3. As the IJB utilised its general fund reserves capacity to be able to set a technically balanced budget in March 2024 and the IJBs earmarked reserves are forecast to be relatively minimal (c£1m), and mostly related to ringfenced Scottish Government policy commitments, this will also not be a source which can make a material contribution to the position. The only potential contributory exception to this is detailed at section 4.2.

2.4. Whilst much of the projected overspend could be interpreted as meeting the criteria of section 8.5.4. of the Integration Scheme all the constituent authorities have stated they do not have financial capacity and as such these remain within the Integrated Budget projections.

> 8.5.4 The exception is for overspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events, e.g. pay inflation. Unplanned overspends effectively represent underfunding by the Local Authorities or Health Board with respect to planned outcomes and the cost should be met by the relevant Local Authorities or Health Board, subject to the financial capacity of the relevant partners.

2.5. The integration scheme is silent on what should happen in the event financial recovery plans fail; or it is not possible to agree sufficient financial recovery plan options to cover the projected overspend; and the constituent authorities

do not have financial capacity to meet any respective shares of overspends. In financial years 2018/19 and 2019/20 agreements were reached that, where this occurred, overspends were met by the constituent authorities based on voting shares. Crucially, the constituent authorities did at that point have sufficient reserves and/or financial capacity to meet these costs and the level of overspend was significantly lower than the projected overspend in the current financial year.

2.6. All options to recover the financial position should be considered.

2.7. There is a likelihood that approving and implementing the recommendations will not fully recover the financial position in year. The position we find ourselves in is without precedent and the financial and non-financial implications including impact on performance cannot be predicted with absolute accuracy. The assumptions made are therefore set out as clearly as possible. Close monitoring of the actual impacts will be required.

2.8. In considering the options detailed within this paper the Interim Chief Officer and Chief Finance Officer have taken the following approach.

- Interim Chief Officer and Chief Finance Officer identified the potential options that could be considered in the most extreme circumstances.
- These proposals have been discussed with the professional and clinical leads with advice provided.
- These were shared also with NHS Forth Valley Director of Finance and Council section 95 officers.
- The proposals were shared with the Chief Executives of the constituent authorities.

3. Financial Recovery Options Examined

3.1. Despite ongoing efforts and control activity to balance the delivery of delegated integration functions, meet the statutory requirements of the NHS Board and Councils and deliver demonstrable progress against the Strategic Commissioning Plan priorities in a ‘needs led, resource bound’ manner the financial reports to the IJB have to date indicated no material improvement in projected levels of overspend.

3.2. The 2 main financial pressure areas continue to be Primary Care Prescribing and Adult Social Care particularly, Older People and Physical Disability across both long-term care and care at home and Learning Disabilities.

3.3. £141M of the IJB’s £239M budget is expenditure that simply cannot be impacted upon by way of recovery actions due to it being linked to Family Health Services and all care at home packages or care home placements already in place where expenditure has either been incurred already or is committed for the remainder of the financial year. Where Care at Home is delivered to a service user on the basis of assessed need it is not lawful to

reduce care by, say 5% or 10% without a case by case reassessment of care needs.

3.4. The remainder of the IJB budget, £98M, includes budgets for prescribing, alcohol and drugs services, reablement and assessment and care management. We are already seven months into the financial year accounting for 58% of the budgeted expenditure, leaving £42M of budget for the remainder of the financial year. This is where up to £12M of recovery savings would need to be derived from.

3.5. This severely limits options available to materially reduce expenditure in the remainder of the financial year.

3.6. There are 3 broad areas of significant expenditure across the integrated budget these being:

- Workforce
- Care provision
- Primary Care Prescribing

For the overall financial position to materially improve over the remainder of the financial year substantial inroads into expenditure levels across all these areas would need to be achieved.

3.7. Proposals that could be considered to seek to maximise achievement of this are set out below:

Workforce

Cease all recruitment across all staff groups and tiers without exception from 1 December 2024 to 31 March 2025. The estimated saving for this option over a 4-month period would be £0.729m.

This is based on average staff turnover and average monthly gross costs across delegated integration functions with data to inform modelling taken from HR and payroll systems. The level of savings that derived, of course, would be dependent on actual numbers of leavers and their respective remuneration.

This option would see a greater number of leavers (estimated 68%) across NHS delegated functions as more NHS functions are directly provided rather than procured from independent providers. The table below indicates the projected impact.

	% of Total Leavers	Estimated leavers over 4 months (WTE)	Estimated Saving (£)
NHS FV	68%	45.59	516,497
Stirling Council	22%	15.10	143,255
Clackmannanshire Council	10%	6.67	68,938
Total		**67.35**	**728,689**

Implications:

- Service Delivery and compliance with Safe Staffing Legislation is compromised.
- Risk to wellbeing of patients and service users
- Impacts on remaining staff

This option could arguably provide a stimulus to fundamental change in service provision to something that seeks to deliver better outcomes and is sustainable but only in a managed way.

A decision on recruitment is not for the IJB to make given the employment of staff and delivery of services is a matter for the Health Board and the Councils respectively. All three organisations have recruitment restrictions already in place and the HSCP has been adhering to the limit of these respective approaches since the start of the financial year. They do not extend to all staff without exception and there is no likelihood of them doing so.

Care Provision

Cease all social work assessments across all care groups (Older People/Physical Disability, LD, Mental Health and Complex Care) from 1 December 2024 to 31 March 2025 and utilise capacity freed to support increased review activity.

Potential savings over a 4-month period are estimated at **£1.322m.**

This would involve c230 long term older people care placements over a 4 month/17 week period (less the costs of a minimum level of care at home provision and 2 emergency respite placements per week on a life and limb basis) and an estimated 5 high tariff Learning Disabilities placements (based on the experience of cases presented to the Senior Resource Allocation Group since it was established) **not being made**.

Estimated Savings from measures	**£**
Net Estimated Savings : Long Term Care placements not being made available	846,373
Plus 5 Learning Disability high tariff placements not being made available	166,667
Sub Total	**1,013,040**
Plus Estimated Care at Home Savings from Ceasing all new assessments	42,000
Plus Estimated Impact of Focussing Freed Capacity on Review Activity	266,667
Total Estimated Savings from Proposals Over 4 Month Period	**1,321,707**

Local authorities' statutory obligations in respect of provision of social work and social care are mainly set out in the Social Work (Scotland) Act 1968 though due regard also requires to be taken of the provisions of the Community Care and Health (Scotland) Act 2002, Social Care (Self Directed Support) (Scotland) Act 2013 and the Carers (Scotland) Act 2016.

To this end, this option is specifically based on Section 12(1) of the Social Work (Scotland) Act 1968 which states:

'It shall be the duty of every local authority to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area, and in that behalf to make arrangements and to provide or secure the provision of such facilities (including the provision or arranging for the provision of residential and other establishments) as they may consider suitable and adequate'

By basing the proposal on the above and making the safeguarding provisions detailed it clarifies any debate about moving to 'critical only' in terms of eligibility criteria which, evidence from elsewhere suggests, isn't an effective intervention and is more likely to reduce the appetite for risk in practice than support a 'risk enabled' approach.

Implications:

- No Long-Term Care (LTC) placements are made for any client group.
- Necessitates the need for Discharge to Assess (in people's home) to be applied in all situations.
- Safeguards required – minimal level of C@H; minimum level of 2 x week respite placements available in life and limb situations.
- Delays the provision of such necessary forms of care only until 1 April 2024 when the demand may be excessive due to failure to address at an earlier point.

Opportunities:
Capacity is created for social workers to undertake reviews of existing packages of care and deliver reductions through that route.

Implementation of this Care Provision option has been considered with the Chief Social Work Officers and the Chief Executives of the Councils the outcome of which is that there is no appetite to instruct the Interim Chief Officer to implement them in such blunt terms. Instead, it is accepted by all that the duty of the social work service is to undertake both assessment and review and as such the HSCP will appropriately prioritise reviews of care packages in an effort to release some level of expenditure on a case by case basis, whilst also continuing to assess need on a case by case basis. This may lead to increases in waiting lists.

It is however, considered essential that the IJB are sighted on the options being considered.

Primary Care Prescribing

This element describes work already underway some of which is yet to have a material impact on the financial position to date but is projected to over the remaining months of the financial year and on a full year effect into 2025/26.

In addition to this the interim Head of Primary Care is convening a Primary Care Summit to examine further opportunities aligned to the Value Based Health and Care Action Plan Value Based Health and Care Action Plan

Work underway:

- 2024/25 Prescribing Improvement Initiative (PII) is in place and all, but one Practice has signed up to the initiative. The technical switches associated with this initiative combined with changes to the national drug tariff is estimated to generate c£0.650m of savings.

- Self-Assessment against Scottish Governments pending list of Medicines and Therapeutics of limited clinical value to identify any further potential cost reductions available. Potential savings to be assessed asap and will be discussed further at the Primary Care Medicines Resources Group on 14 November 2024. Comparative information across NHS Board areas was issued on 7 November 2024.
- Non-medicine prescribing – scope to delivery approximately £0.023m of savings in relation to flat pads have been identified.
- Undertaking targeted polypharmacy reviews in areas such as care home residents where significant concentrations of population are prescribing >8 repeat medicines. As this work progresses, we will gather evidence of the impact in both financial and non-financial terms and compare this to the findings of the iSIMPATHY evaluation report which informed the financial savings target set at budget setting. This approach uses a 7-step polypharmacy review process which is person-centred and based on an evidence-based methodology. Further detail can be found in the evaluation report here> iSIMPATHY Evaluation report. Early indications from polypharmacy reviews undertaken to date locally suggests there is significant scope for medication reductions without adversely impacting on patient care but that many of the reductions may be in lower cost prescribed drugs. It is difficult at this point to accurately estimate the associated cost reductions the evidence of which will be gathered as the reviews progresses.
- External review – The NHS Boards Director of Pharmacy has secured some external support from another NHS Board area to review the pan Forth Valley approach to value base health and care in respect of Primary Care Prescribing. This review seeks to provide a combination of assurance on the approaches in place and recommendations on additional scope and actions that are viewed as possible.

4. Further Urgent Corrective Action

4.1. The IJB agreed a recommendation at its meeting of 2 October that there was a need for significant and urgent corrective action to be taken to mitigate the level of projected overspend on the partnership budget.

4.2. To this end, and in addition to the approaches set out in section 3 in respect of Primary Care Prescribing the following actions have been identified.

- Short term expenditure on non-recurrent basis (£0.100m) mainly in the HSCP Strategic Planning and Health Improvement portfolio can be realigned to the overspend.
- Flexibility on Scottish Government policy allocations £0.300m (non-recurrent)
- Review of Earmarked Reserves: At the current point in time, it is unlikely that all of the Community Living Change Fund earmarked reserve will be

spent in year due to ongoing challenges in securing required workforce capacity on fixed term basis. The Chief Finance Officer will write to the Director of Finance for Health and Social Care portfolio at Scottish Government to seek agreement for this to be deployed towards our projected overspends in the current financial year. Projections on expenditure for the current year are being updated but a residual balance of c£0.250m is assumed.

- A small number of staff in psychological services have requested a reduction in contracted hours and these will be agreed and realigned to the overspend on a non-recurrent basis. This will have an impact on meeting service targets including waiting times. Estimated Saving £0.008m.
- There is an initiative, supported by the NMAHP Directorate (Nursing, Midwifery and Allied Health Professionals) across Forth Valley to reduce nurse bank usage by 30% from early November 2024. This combined with other approaches including maximising attendance and deployment of newly qualified nurses seeks to improve value and ensure safe staffing levels. In Clackmannanshire and Stirling, it is estimated this would realise £0.137M savings in the period.

  Taking the above along with the estimated impact of cost improvement initiatives in Primary Care Prescribing would reduce the projected overspend on the Integrated Budget as follows.

	£m
Projected Overspend Based on Month 6	12.924
Primary Care Prescribing	(0.673)
Further Urgent Corrective Action	(0.795)
Net Projected Overspend After Above	**11.456**

5. Illustration of Impact on Projected Overspend if all Proposals were Implemented

5.1. If the proposals set out at Section 3.7 of this paper were fully implemented from 1 December 2024 to 31 March 2025 along with the urgent corrective actions set out at Section 4 the estimated impact on the projected overspend on the Integrated Budget is detailed in the table below.

	£m
Projected Overspend Based on Month 6	12.924
Estimated Financial Impact of Proposal per section 3.7	(1.322)
Estimated Impact of Prescribing and Further Urgent Action	(1.468)
Net Projected Overspend After Above	**10.134**

6. Feedback from Engagement with Scottish Government

6.1. Per the instruction of the IJB the Interim Chief Officer wrote to the Director General for Health and Social Care at Scottish Government with a link to the financial report presented to the IJB and the amended recommendations.

6.2. The Director General agreed that her officials were happy to meet and discuss the position however clearly set out in her response that *'While financial responsibilities for funding the IJB rests with the Health Board and Local Authority(s) as set out in the integration scheme,.'*

6.3. The Interim Chief Officer and Chief Finance Officer presented the proposals set out in section 3.6 of this paper to Scottish Government Health and Social Care Directorate' officials. Whilst the officials engaged with the discussion, they were also clear that no further government financial support was available.

6.4. Given the potential impact on Clackmannanshire and Stirling Councils financial viability the Scottish Government officials were urged to fully engage with their counterparts and peers in the Directorate for Local Government.

7. Conclusions

7.1. Whilst this report sets out potential options considered to materially reduce the projected overspend in the very short term as required by the terms of the Integration Scheme it has not been possible to recommend options that meet that objective.

7.2. This effectively means that the IJB stays in financial recovery mode and options must continue to be examined to bring the partnership financial position into balance. Effective whole system working is critical to this.

7.3. All efforts to continue to increase delivery of the transformation and savings plan approved by the IJB in March 2024 along with pursuit of the further opportunities to deliver the Strategic Commissioning Plan priorities at reduced cost as set out in the financial report to the IJB on 2 October 2024 is required to aide this objective. This has shaped the agenda for todays and forthcoming IJB meetings.

7.4. Meanwhile proactive and constructive discussion with the constituent authorities on how the projected overspend will be dealt with is required as soon as possible.

8. Appendices

Appendix 1 - Directions

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☒

Implications	
Finance:	The financial implications are set out in the body of the paper.
Other Resources:	The paper sets out considerations in terms of workforce.
Legal:	Public bodies including IJBs, Councils and NHS Boards have a statutory duty to operate within resources available. It is envisaged that approval of the recommendations within this paper will aide achievement of this.
Risk & mitigation:	Specific narrative on risk is included within the body of the paper.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:**

	This paper **does not** require a Fairer Duty assessment.

APPENDIX 1 - Directions

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/012
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/001
Approval Date	20 November 2024
Services / functions covered	Delegated Integration Functions
Full text of Direction	Pausing on non-recurrent basis of planned non statutory expenditure in 2024/25
List of key stakeholders impacted and any specific engagement and consultation requirements	HSCP SLT 13 November 2024
Timescale(s) for Delivery	March 2025 IJB
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	£0.100m
Performance Measures	n/a
Date direction will be reviewed	March 2025 IJB

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/013
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/001
Approval Date	20 November 2024
Services / functions covered	Delegated Integration Functions
Full text of Direction	Utilise non-recurrent flexibility on Scottish Government allocations as contribution to projected overspend
List of key stakeholders impacted and any specific engagement and consultation requirements	HSCP SLT 13 November 2024
Timescale(s) for Delivery	March 2025 IJB
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	£0.300m
Performance Measures	n/a
Date direction will be reviewed	March 2025 IJB

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	CSIJB-2024_25/014
Does this direction supersede, vary or revoke an existing direction? If yes please provide reference number of existing direction	Yes CSIJB-2024_25/001
Approval Date	20 November 2024
Services / functions covered	Delegated Integration Functions
Full text of Direction	Non recurrent voluntary staffing hours reduction in Psychological Therapies until end March 2025
List of key stakeholders impacted and any specific engagement and consultation requirements	HSCP SLT 13 November 2024
Timescale(s) for Delivery	March 2025 IJB
Direction to	NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	£0.008m
Performance Measures	Small impact on psychological therapies capacity and performance to be monitored through routine performance reporting.
Date direction will be reviewed	March 2025 IJB

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 11

Financial Report

For Assurance

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To provide the Integration Joint Board with an overview of projected financial performance for financial year 2024/25

Recommendations:	The Integration Joint Board is asked to: 1) Note the projected outturn based on financial performance to Month 6, specifically the high likelihood of significant overspend in the current financial year. 2) Note the Integrated Finance Report including narrative on areas of significant variance and update in respect of the Set Aside Budget for Large Hospital Services. (Sections 3 and 4) 3) Note the Transformation and Savings Programme progress (Section 5 and Appendix 1) 4) Note and draw assurance from the key control actions in place. (Section 6)

Key issues and risks:	*Based on best available information and the partnership budget remains at substantial risk of overspend for the 2024/25 financial year unless further significant corrective action is taken and/or additional funding support is forthcoming.* *This paper should be read and considered alongside the financial recovery paper.*

1. Background

1.1. The IJB set a technically balanced revenue budget for 24/25 at its meeting of 27 March 2024. This incorporated a savings requirement of £10.094m with reserves of £3.947m being held to meet the residual financial gap. This exhausted all general reserves meaning that it is critical that savings requirements are delivered in full within the financial year.

1.2. As a result of the level of risk associated with the revenue budget the financial resilience risk scoring within the IJBs strategic risk register was increased to 25, the highest possible level.

1.3. From discussions with Chief Officers and Chief Finance Officers groups the service and financial pressures set out in this report are being experienced across Scotland albeit to differing degrees. To this end we continue to observe and discuss approaches and learning with peer partnerships across Scotland.

1.4. Given early indications of significant building financial pressure, and the likelihood that even on an optimistic trajectory there would be a material overspend, it was agreed at the June IJB meeting that considerations of budget recovery options would be brought to the IJB potentially with further decision with directions and/or amendments to extant directions. As this report does not fully present a financial recovery work requires to continue to achieve that objective.

1.5. The issues set out in this report echo the key messages contained within the Accounts Commission report on Integration Joint Boards' Finance and Performance 2024 published on July 25, 2024.

2. Overview of Projected Outturn

2.1. The month 6 position is the third month where a full set of projections are prepared. It is recognised that it is challenging to in the first half of the financial year to be able to make accurate projections and in previous reports 3 scenarios were incorporated in financial reports to the IJB. As we reach the mid-year point the focus will change to focus on the projection based on current trends and commitments and what can be done to materially mitigate the projected overspend.

2.2. The projection is £0.409m adverse movement from the projections incorporated within the report to the IJB on 2 October. This is despite a material improvement in the Primary Care Prescribing projection. The main reasons for the movements were:

- Increases in long term care numbers in Stirling in late September and early October although these have reduced slightly again by late October
- Corrections to Stirling projections from Month 5 where some costs had not been accurately reflected in projections – this particularly impacts the Bellfield Centre projection
- Increased costs in relation to Learning Disability Residential Care
- These increases were partially offset by a reduction in the projected prescribing overspend of £0.475m

2.3. There are several key areas or drivers of financial pressure, and these are common with most other areas across Scotland to varying degrees. These are:

- Family Health Services Prescribing Costs and Volumes
- Unfunded Provision including Beds remaining in system (also referred to as unfunded contingency beds/UCBs) and legacy costs previously covered by covid funding.
- Temporary Workforce Costs

- Lack of Traction on Delivery of Efficiency and Savings Programmes
- Inflationary cost pressures
- Demand driven increases in volume and complexity of care requirements.
- Costs of Care Packages transitioning from Children's Services

2.4. It is also worthy of note that initial benchmarking activity would suggest that available funding per head of adult population in Clackmannanshire and Stirling is materially below peer partnerships/ local authorities which may be contributing to the scale of our overspend. Information has been shared with the Council Chief Finance Officers.

2.5. The projections also reflect the cost of the 3.2% increase in local government pay on the assumption the differential between this and the pay deal being implemented will be funded. There is some risk to this assumption as this is dependent upon sufficient funding being passed to each local authority a share of which should then be passported to the IJB budget. This remains a risk until there is fully clarity on funding arrangements. 3.2% is above the planning assumption of 3% used at budget setting. The marginal cost implication of this is approximately £0.040m.

2.6. The financial risk associated with the set aside budget for large hospital services has been met to date by NHS Forth Valley and this will be the case for 2024/25 also subject to whole system efforts to eliminate unfunded contingency beds and reduce delays to discharge. The projection for the set aside budget contained within the integrated financial report is subject to further review as efforts continue to remove costs when opportunities arise.

Efforts to remove unfunded contingency beds and associated temporary workforce costs, if successful, would further improve the forecast position.

3. Integrated Financial Report

3.1. The table below forms the agreed basis of integrated financial performance to the IJB. Where there are material variances against budget a brief narrative will be provided to give further information on the key issues and drivers.

3.2. This format has the benefit of examining the partnership budget on a service and care group basis rather than along organisational silos supporting the IJBs accountability for achieving maximum benefit from public resources at its disposal or to put in another way from the 'Clackmannanshire and Stirling £'.

Clackmannanshire & Stirling Health & Social Care Partnership
Projections Overview
Financial Year 2024-25
M6

Service Area	Annual Budget £000	Forecast Expenditure £000	Forecast Variance £000
Community Nursing	5,025	4,847	178
Complex Care Adults	1,357	1,947	(590)
Clackmannanshire Community Healthcare Centre	2,970	3,332	(363)
The Bellfield Centre	8,502	8,806	(304)
Palliative Care in the Community	24	28	(4)
Older People/Physical Disabilities - Residential	24,309	28,611	(4,302)
Older People/Physical Disabilities - Non Residential	23,947	28,447	(4,500)
Learning Disabilities - Residential	6,155	5,612	542
Learning Disabilities - Non Residential	25,145	27,110	(1,965)
Mental Health - Residential	2,083	2,521	(438)
Mental Health - Non Residential	8,671	8,102	569
Assessment & Care Management	9,251	8,941	311
Reablement	13,068	12,665	403
Housing Aids & Adaptations	835	835	-
Health Promotion, Health Improvement & Corporate Services	1,703	1,418	284
Addictions	4,198	4,289	(91)
Public Dental Service	1,369	1,389	(20)
Management & Other	2,690	2,325	365
Community Admin	1,581	1,412	169
Transformation Funds	2,596	1,996	600
Leadership Funds	-	-	-
Cs Community Living Change Fund	512	512	-
Resource Transfer & Pass Through Funds	(830)	(1,007)	177
Family Health Services	52,385	52,425	(40)
GP Out of Hours Services	2,729	2,570	159
Primary Care Improvement Plan	1,868	1,868	-
Prescribing	31,992	40,004	(8,012)
Community Pharmaceutical Services	1,378	1,378	-
Vaccinations (Woman & Children Team)	-	-	-
Contribution from reserves per revenue budget	3,947	-	3,947
Integrated Budget Total	**239,459**	**252,384**	**(12,924)**
Set Aside Budget for Large Hospital Services	34,643	40,441	(5,797)
Set Aside Total	**34,643**	**40,441**	**(5,797)**
Partnership Total	**274,103**	**292,824**	**(18,721)**

Areas of Material Variance

1. Complex Care – (projected £0.590m overspend) related to costs associated with patients/ service users cared for under complex care arrangements. These are often patients who would have previously required hospital care and they often require medical devices to facilitate care provision at home. The service is managed by Falkirk HSCP on a pan FV basis, and the figures reflect a population-based share of budget and costs. The overspend is largely driven by a few very high-cost packages including one out of area patient. There were some signs that the level of overspend was reducing for complex care however this trend has reversed in the current month.

2. Community Hospitals and Bellfield Centre (projected £0.667m overspend) - relates to the wards at Clackmannanshire Community Healthcare Centre and Intermediate Care Beds at the Bellfield Centre. These areas experience increases in temporary workforce costs during the past 2 financial years and there have been additional beds open in Bellfield as part of whole systems responses to Covid and system pressures over and above beds run by acute services within the centre. The Bellfield centre is projected to be in monthly balance from hereon in as plans to remove unfunded provision have been enacted with the removal of 24 beds in total across the two sites by 4 October and associated staffing costs, particularly temporary workforce costs are consequently removed. In relation to CCHC ongoing cost pressures are being experienced due high absence rates and associated temporary workforce costs to ensure safe staffing levels are maintained. Ongoing management action and professional nursing support is in place to assist in mitigating this.

3. Older People/Physical Disabilities – Residential – relates to use of placements in Care Homes. Care Home placements are now significantly in excess of pre Covid levels and an increase was observed across both Clackmannanshire and Stirling. A resource allocation group (RAG) has been implemented to ensure control and monitor appropriateness of placements. At month 6 the impact of this has been minimal and there has been an increase rather than a planned decrease in Stirling and a static position in Clackmannanshire – the requirement to stringently adhere with the allocations for placements continues to be reinforced by the Interim Chief Officer and Chief Finance Officer.

4. Older People / Physical Disabilities – Non-Residential. This is predominantly Care at Home which, whilst projecting an overspend is interdependent with hospital and residential care. Care at home is generally more cost effective than residential care and is, often, the place of choice for service users. The increases in both residential and non-residential provision highlight the level of demand on the Partnership, demand that there is a statutory duty on both Councils to provide.

5. Mental Health Residential – this relates to social care residential placements. Inpatient hospital mental health sits within the Set Aside budget.

6. Learning Disabilities – this includes impact of lack of traction to date on savings delivery and significant additional cost of care packages transitioning from Children's Services.

7. Across all care groups. Whilst it is difficult to provide empirical evidence there appears to be a significant growth in high tariff complex care packages required for service users. A monthly Senior Resource Allocation Group (SRAG) has been established which scrutinises requests >£52k per annum (or £1000 per week) and considers these for approval in line with assessed need and eligibility criteria. Over time this should provide better evidence of presenting need. Anecdotal evidence from peer partnerships suggests this is being experienced across Scotland.

8. Reablement – The projection includes underspend on the AHP element of the Rapid Respond Team for posts not fully recruited to. The associated Scottish Government allocation letter has now been received and the funding provided is less than anticipated. Whilst this does not immediately create an additional financial pressure the commitments and staffing model will require to be further reviewed to be sustainable going forward.

9. GP Out of Hours Service – Out of hours primary care services provided on a pan FV basis now hosted by Falkirk partnership. Budget and variance reflect a population-based share.

10. Prescribing – Cost associated with drugs and other therapeutics (such as some dressings etc.) prescribed in Primary Care by GPs and other primary care prescribers such as nurse prescribers. This is the most material element of projected overspend in the Integrated Budget.

    We have now received prescribing data to July 2024. April and May data illustrated significant volume increases and some increase in average cost per item (CPI). However, June data illustrated minimal volume growth but a significant increase in CPI. July volume data was also up in comparison with the same month last year by 5.5% and average cost per item was up £0.05 per item from June 2024. Total prescribing costs for Clackmannanshire and Stirling were however slightly less than accrued resulting in an improvement to the projection.

    For the year to July prescribing volumes across Forth Valley have increased by 5.5% and overall costs by 6% for the year to date.

    The impacts of the 2024/25 Prescribing Improvement Initiative, drug tariff changes and Polypharmacy reviews are anticipated to have a positive impact on prescribing costs in coming months and this is detailed further within the financial recovery paper. Prescribing costs and volumes are often volatile though and therefore difficult to forecast accurately.

4. Set Aside Budget for Large Hospital Services

4.1. As has previously been reported the financial pressures in relation to the Set Aside budget are predominantly related to unfunded contingence beds (UCBs) and associated supplementary staffing costs. There continues to be significant whole system effort to reduce UCBs. The projections below illustrate a further improvement (£0.287m) from the Month 5 projection reported to the October IJB. The table below provides a further analysis of this including narrative on cost drivers.

Set Aside Speciality	Annual Budget	Projected Variance	Narrative
		Under/ (Overspend)	
	£'000	£'000	
Accident and Emergency Services	10,980	(2,302)	Use of supplementary staffing in Emergency Dept and Ambulatory and Clinical Assessment. Reduction in Medical supplementary staffing in month.
General Medicine	3,602	(729)	Mainly staffing overspend in relation to absence and contingency beds.
Geriatric Medicine	6,094	(845)	Mainly staffing overspend in relation to absence and contingency beds (UCBs). Improvement due to reduction in UCBs. Reduction in supplementary staffing in month.
Rehab Medicine	1,908	(1,332)	Unfunded bed capacity and other wards plus absence cover. Improvement due to reduction absence in month.
Respiratory Medicine	1,921	(103)	Mainly in relation to respiratory drug pressures.
Learning Disabilities	1,317	(39)	Use of temporary workforce to cover vacancies.
Palliative Care	1,422	0	
Mental Health	6,839	(447)	Use of temporary workforce.
Total Set Aside	**34,083**	**(5,797)**	

4.2. These projections are based on current unfunded contingency bed (UCB) capacity within the system currently and illustrate the financial imperative for effective whole system working to eliminate reliance on these.

5. Transformation and Savings Programme Progress

5.1. As detailed above there is a lack of meaningful traction to date in delivery of the transformation and savings programme. Integration Authorities financial overview reports highlight this as a theme across Scotland.

5.2. An assessment of projected savings delivery is appended to this report as Appendix 1, and this includes some notes/analysis as requested at the October IJB meeting. Based on best information available at Month 6 £4.249M or 42.1% of the planned transformation and savings programme are estimated to be achievable in year although this excludes any potential savings from polypharmacy reviews where evidence will be gathered as the work progresses and any increased traction gained in the transformation programme over the remainder of the financial year, for example in relation to Review and Reform of Learning Disability Services could increase associated financial benefits.

5.3. To put this in the context of savings delivery in 2023/24 this totalled £2.116m in relation to the Integrated Budget (48% of target).

5.4. The narrative within the financial recovery report on Prescribing Care Prescribing sets out the positive progress on delivering value-based cost improvements. In relation to the removal of all unfunded provision all unfunded bed provision will have been removed from the system by 4 October 2024 illustrating further positive progress being made on a continual basis. Despite this we are not yet observing material improvement in the overall projections.

6. Key Control Actions in Place

6.1. Whilst the projection scenarios set out in this report are concerning it is important to continue to robustly follow the key control actions have been put in place to date. The key elements of this are:

- Vacancy Control Panel. Any vacancy requests which are not direct replacements of registered direct care provision posts required to be presented to and considered by the Interim Chief Officer and Chief Finance Officer monthly. Clear business cases and cost benefit analyses will be central to all decisions taken. It is important that the Board understand that several posts have not been replaced in recent months to aide the financial position and ensure a shift in thinking with regard to service provision and design. However, there is impact of such decisions on staff.
- Resource allocation group (RAG) model for long term care admissions
- Monthly Senior Resource Allocation Group (SRAG) where any high tariff (over £52k per annum/£1k per week) cases for care require to be presented to SRAG (which consists of the Interim Chief Officer and Chief Finance Officer) for approval. By the time the IJB meets SRAG will have met 6 times since its establishment including extraordinary meetings for urgent requests.
- Monthly project management oversight and scrutiny of the transformation programme and associated savings and implementation progress. Further work is ongoing to improve this with further development in reporting required including improving activity and impact reporting within the limitations of recording systems.

7. Budget Recovery

7.1. As there is an accompanying report on financial recovery option on the agenda for this meeting this report does not comment further on financial recovery options.

8. Scottish Government Policy Allocations

8.1. Since the previous report to the IJB a revised allocation letter has been received for Enhanced Mental Health Outcomes Framework (which incorporates funding for both delegated and non-delegated functions) and Multi-Disciplinary Teams (MDTs) funding. Both allocations are significantly less than anticipated (11% and 18% respectively) and plans are being reviewed and actions taken to ensure commitments are aligned with available funding. For the avoidance of doubt this will require a degree of service reduction, prioritisation and redesign the approach to which requires to align to the principles of Value Based Health and Care and for delegated integration budgets the Strategic Commissioning Plan priorities. For the Enhanced Mental Health Outcomes Framework, a future plan will be developed and agreed with NHS Forth Valley by March 2025.

9. Reserves

9.1. The revenue budget approved by the IJB in March 2024 protected all general reserves and repurposed some earmarked reserves in order that a technically balanced budget could be set. The projections incorporated in the paper illustrate that these reserves will be completely exhausted in year.

9.2. Other earmarked reserves held are mostly in relation to prior year financial allocations from Scottish Government with specific purposes and mostly manage timing differences between receipt of allocations and expenditure and funds earmarked on an invest to save basis to support plans around Primary Care Prescribing and Adult Social Care review team. As Scottish Government in now seeking to manage such slippage at portfolio level earmarked reserve levels are falling significantly. A review of projected earmarked reserves at 31 March 2025 suggests a balance of around £1m is likely. The accompanying financial recovery plan paper incorporates a specific proposal in relation to earmarked reserves for the Boards consideration.

9.3. At budget setting £3.947m of general and earmarked reserves were ‘protected’ to permit approval of a technically balanced budget. At this point it the basis of allocation of these across the constituent authorities wasn’t explicitly considered as the focus required to be on delivering balance and in this scenario this would have been academic. However, given the current projection and content of the financial recovery plan options paper and to aide transparency and consideration of potential impact for the constituent authorities the detailed options for this is provided below.

Based on M6 Projections	Option 1 - voting shares			Option 2 - Shares of Integrated Budget			Option 3 - Share Reserves Offset Equally		
	Gross	Reserves Offset	Net	Gross	Reserves Offset	Net	Gross	Reserves Offset	Net
	£m	£m	£m	£m	£m	£m	£m	£m	£m
NHS Forth Valley	6.989	(1.973)	5.016	6.989	(2.534)	4.455	6.989	(1.316)	5.673
Stirling Council	3.955	(0.987)	2.968	3.955	(0.931)	3.024	3.955	(1.316)	2.639
Clackmannanshire Council	5.927	(0.987)	4.940	5.927	(0.482)	5.445	5.927	(1.316)	4.611
Totals	**16.871**	**(3.947)**	**12.924**	**16.871**	**(3.947)**	**12.924**	**16.871**	**(3.947)**	**12.924**

This information will inform required discussions on how the projected overspend will be dealt with as referenced in the financial recovery paper.

10. Conclusion

10.1. This report continues to set out a deeply concerning position both for the IJB and its constituent authorities. Whilst these issues and pressures are being experienced in partnerships across Scotland we require to continue to focus on sustainable options and solutions on a whole system basis and untap, at pace, the further opportunities to reduce expenditure and bring the budget into balance.

10.2. Managing these challenges whilst balancing service sustainability and safety requires to be the over-arching priority for the partnership and constituent authorities over the remainder of this financial year and beyond.

11. Appendices

Appendix 1 – Assessment of Transformation and Savings Programme Delivery Based on Month 6
Appendix 2 – Reconciliation of Total Strategic Plan Budget
Appendix 3 – 24/25 Directions Log

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒
Implications	
Finance:	Per body of report.

Other Resources:	As detailed.
Legal:	There will be legal implications for both the IJB and constituent authorities which require consideration as part of sustainable planning. The financial position and possible implications of risk share has significant risk to the IJB and constituent authority's abilities to meet statutory obligations.
Risk & mitigation:	The IJB is at high risk of overspending based in 2024/25 based on expenditure trends and significant reduction in spend on a recurrent basis is required to mitigate this risk. Financial resilience is scored 25, the highest possible score, in the IJBs Strategic Risk Register.
Equality and Human Rights:	The content of this report **does not** require an EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1 – Assessment of Savings and Transformation Plan Delivery

Appendix 1				
Clackmannanshire and Stirling Health and Social Care Partnership				
Assessment on Transformation Savings Programme 2024/25	Approved Target	Projected Delivery in Year Based on M6	Notes/ Commentary	
	£m	£m		
Remove Unfunded Provisions				
Remove Non Recurrent Costs supported by Covid funding				
Additional Beds and Associated Staffing	1.270	0.847	Unfunded beds fully removed including Bellfield to sustainable bed complement. Saving will be fully delivered on full year basis	
IT equipment	0.028	0.028	23/24 cost only	
Agency and Additional Staffing Costs	0.570	0.460		
PC Rural Vax	0.020	0.020	23/24 cost only	
LTC Exceptional Demand	0.483	0.483	23/24 cost only	
CCHC2 Reduce to sustainable bed complement	0.350	0.175	Bed Reduction implemented cost pressure relates to maintaining safe staffing driven by high absence rates.	
Right Care Right Time				
Care at Home Review Team	0.710	0.240	Estimate based on reporting to November transformation progress meeting. Risk re Clacks progress as no review team staff now in place.	
RAG for LTC Admissions	1.305	0.049	Minimal traction observable.	
Full and Systematic Implementation of Revised SDS Provision	0.589	0.000	As using equivalency model no observable cost reductions. New C@H framework would need to reduce average contract rates for saving to be generated.	
Review and Reform of LD Services (including SDS implementation)	1.411	0.000	Limited traction to date with no observable cost reduction. In part due to vacancies and service pressures. Specific paper to November IJB on future plans.	
Primary Care Medicines Optimisation				
Technical Switches/Formulary Review/ Care Home Prescribing	1.007	0.830	Based on most recent PCMRG report	
Polypharmacy/ Reducing Medicines Waste	0.702	0.000	Financial and non-financial evidence will be gathered as reviews progress. FV evidence to date suggests significant scope but moderate savings as reduced or stopped medicines tend to be lower cost items e.g. Omeprazole.	
Maximising Charging Income	0.300	0.158	Difficult to separate impact from growing activity and application of extant charging policies. Need for Councils to review and reform charging/contribution policies identified and second draft will be produced by IJB CFO by end November.	
Strategic Commissioning Aligned to SCP Priorities	0.068	0.068		
Officer Actions/Grip and Control				
Rationalisation of CMN roles	0.078	0.078	Complete	
Deletion of Service Improvement Manager	0.065	0.065	Complete	
Restructure of Planning and Performance Team	0.026	0.026	Complete	
Uncommitted Transformation Funding	0.600	0.600	Per Revenue budget	
Westmarc	0.148	0.000		
Public Dental Service	0.051	0.031	£0.020m residual overspend projected at M6	
Complex Care	0.309	0.086	projected overspend has increased since M5. Target was to reduce overspend.	
Rapid Team Skill Mix	0.005	0.005	Complete	
Total	**10.095**	**4.249**		
As % of target		**42.1%**		

Appendix 2 – Reconciliation of Strategic Commissioning Plan Budget

Clackmannanshire & Stirling Health & Social Care Partnership
Budget Control
Financial Year 2024/25
M6

	NHS Forth Valley £m	Local Authority £m	Combined IJB Budget £m		NHS Set Aside £m	NHS Non Set Aside £m		Clackmannanshire Council £m	Stirling Council £m
Original Agreed Budget as per March IJB	**173.923**	**83.461**	**257.384**		**32.121**	**141.802**		**28.762**	**54.699**
23/24 recurring funding allocations post revenue plan	2.757	-	2.757		0.148	2.609		-	-
Housing funding allocation	-	0.835	0.835		-	-		-	0.835
Opening Budget 24/25	**176.680**	**84.296**	**260.977**		**32.269**	**144.411**		**28.762**	**55.534**
In Year Funding:									
MH Action 15	0.931	-	0.931		-	0.931		-	-
MH Outcomes Framework	0.356	-	0.356		-	0.356		-	-
AHP Rapid Team (MDT Funding)	0.644	-	0.644		-	0.644		-	-
Alcohol & Drugs Partnership	1.066	-	1.066		-	1.066		-	-
Prescribing Tariff Increase	0.583	-	0.583		-	0.583		-	-
New Drugs And Medicines Fund 2024/25	0.556	-	0.556		0.556	-		-	-
Urgent Care Centre SDEC	0.954	-	0.954		0.954	-		-	-
GMS Enhanced Services 2024/25	0.877	-	0.877		-	0.877		-	-
Emp Pension 24/25 Uplift	0.732	-	0.732		0.355	0.378		-	-
District Nurse Posts	0.297	-	0.297		-	0.297		-	-
Band 2>3 Regrading	0.336	-	0.336		0.197	0.139		-	-
Delayed Discharge Funding	0.386	-	0.386		0.020	0.366		-	-
Other Funding Allocations	0.807	-	0.807		0.240	0.567		-	-
In Year Funding Total	**8.526**	**-**	**8.526**		**2.322**	**6.205**		**-**	**-**
Budget Virement:									
Misc. budget adjustments	(0.165)	-	(0.165)		(0.047)	(0.118)		-	-
Budget Virement Total	**(0.165)**	**-**	**(0.165)**		**(0.047)**	**(0.118)**		**-**	**-**
Reserve Transfers:									
Alcohol & Drugs Partnership	0.259	-	0.259		-	0.259		-	-
Community Living Change Fund	0.512	-	0.512		-	0.512		-	-
Other Earmarked Reserve Use	0.049	-	0.049		-	0.049		-	-
Reserve Transfers Total	**0.821**	**-**	**0.821**		**-**	**0.821**		**-**	**-**
IJB Budget as at 31 August 2024 (M5)	**185.862**	**84.296**	**270.158**		**34.543**	**151.318**		**28.762**	**55.534**

Appendix 3 – Directions Log

Clackmannanshire and Stirling IJB
2024/25 Directions Log

Reference Number	Report Title	Direction to	Text/Summary of Direction	Services / Functions Covered	Date Issued	Status	Link to IJB paper	Most Recent Review	Planned Review Date
CSIJB-2024_25/001	IJB Revenue Budget 2024/25	NHS Forth Valley, Clackmannanshire Council, Stirling Council	Direction of IJB Revenue Budget and incorporated savings	Revenue Budget 2024-25 and Medium Term Financial Outlook	27-Mar-24	Current	IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Mar-25
CSIJB-2024_25/002	Palliative and End of Life Care	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their HSCP employees to coordinate and be engaged in the development of this strategic commissioning plan as required and appropriate	All staff and services that are engaged in the planning, commissioning and provision of palliative and end of life care.	27-Mar-24	Current	IJB-27.03.24-v2.pdf (clacksandstirlinghscp.org)	27-Mar-24	Nov-24
CSIJB-2024_25/003	Financial Report	Clackmannanshire Council, Stirling Council	From 8 April 2024 implement the agreed settlement including revised rates for the National Care Home Contract per joint letter from COSLA, Scottish Care and Scotland Excel dated 21 March 24	Care Homes	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/004	Self Directed Support Policy	Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Self Directed Support policy as approved by the IJB on 19 June 2024	Adult Social Care Functions	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/005	Developing a Mental Health and Wellbeing Strategic Commissioning Plan for Forth Valley	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to lead, coordinate and engage in the development of the MH&W Strategy as required	as listed in direction	19-Jun-24	Current	IJB Meeting 19 June 2024 (clacksandstirlinghscp.org)	19-Jun-24	Mar-25
CSIJB-2024_25/006	ADP Commissioning	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to sustain their current overall financial support of ADP-funded activity and to support their employees to deliver the approach outlined in this paper	Substance Use Services, Primary Care,3rd sector, C&S Strategic Planning Service	07-Aug-24	Current	Wednesday-7-August-2024.pdf	07-Aug-24	Feb-25
CSIJB-2024_25/007	Commissioning Approach for Dementia (Post Diagnostic Support)	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Model of Care for Dementia	commisioned support for those individuals living with dementia	02-Oct-24	Current	IJB-Meeting-Wednesday-2-Octo	02-Oct-24	Mar-25
CSIJB-2024_25/008	Independent Advocacy Commissioning Plan	NHS Forth Valley, Clackmannanshire Council, Stirling Council	are directed to support their employees to implement the Independent Advocacy Strategic Commissioning Plan	all adult social care services	02-Oct-24	Current	IJB-Meeting-Wednesday-2-Octo	02-Oct-24	Aug-25

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 12

Quarter Two Performance Report (July to September 2024)

For Approval

Paper Approved for Submission by:	David Williams, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Ann Farrell, Principal Analyst Michelle Duncan, Planning & Policy Development Manager
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration functions as set out in the current Strategic Commissioning Plan 2023-2033.

Recommendations:	The Integration Joint Board is asked to: 1) Review and consider the content of the Report. 2) Agree the content of Quarter Two (July to September 2024) Executive Summary (Appendix 1) & Report (Appendix 2).

Key issues and risks:	Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is unlikely to occur in the short term means progress will continue to be limited by the constraints of current information systems and capacity.

1. Background

1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting, this paper is being presented to support the IJB to discharge its role in scrutiny and oversight of the performance of delegated integration functions.

1.2. Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to Locality level. Some delegated NHS data is now included in the attached report and other data will follow as there is systematisation of activity and performance data.

1.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the Strategic Commissioning Plan 2023/33 and Integrated Performance Framework approved by the IJB in June 2024. This Quarterly Performance Report will therefore continue to develop as data becomes available, and performance measures are agreed.

1.4. The content of this report is actively monitored, and the information supports wider planning, performance and delivery in areas such as Locality Planning, delivery of the Strategic Commissioning Plan and the monitoring through the Transformation Board programme of work.

1.5. There are key measures linked to national programmes to improve management and delivery of Unscheduled Care. The approach aims to reduce delays for every patient's journey through whole-system planning and effective preparation for discharge; adopting 'home first' approach using a model of 'discharge to assess' as good practice.

2. Considerations

2.1. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families. Linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards are illustrated in the report.

2.2. It has been agreed with the Chief Officer that where quarterly national data was available, that this would be included in the report. At this point Public Health Scotland (PHS) have published data to March 2024.

2.3. The Quarter Two Performance Report has been aligned to the Strategic Commissioning Plan 2023/2033. It also sits within the context of the HSCP's Integrated Performance Framework, which was agreed by the IJB at the Board meeting on 19th June 2024.

2.4. Locality Planning Network updates are included in the report providing oversight in relation to overall performance of locality planning against the Strategic Commissioning Plan, National Outcomes and relevant national performance targets.

2.5. This report highlights each of the sources of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social care recording systems. This report is seeking to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of the information and data.

2.6. In line with requirements, data is principally presented to report activity at HSCP level and where it is appropriate data may be reported at health board, local authority or locality level. However, where numbers are lower than 5, these will be noted to prevent the risk of identification of an individual.

2.7. Where data is not available for the current quarter this will be noted as "not available" and the latest information available may be included.

2.8. Where data is affected by completeness this is denoted with a "p".

3. Development of Quarterly Performance Reports

3.1. The Board is asked to approve quarterly performance reports.

Quarter One	April 1st to June 30th 2024	7th August 2024
Quarter Two	July 1st to September 30th 2024	20th November 2024
Quarter Three	October 1st to December 31st 2024	26th March 2025
Annual Performance Report	January 1st to March 31st 2025	July 2025

3.2. These Performance Reports continue to develop based on areas of focus and feedback from members of the Integration Joint Board and committees as well as wider stakeholders from the Strategic Planning Group. Some key performance indicators relating to NHS delegated functions have now been added to the body of the Report.

3.3. There continues to be activity within the HSCP to link spend to outcomes for people; this includes developing targets and monitoring activity data for delegated service areas. Delivering the Strategic Commissioning Plan 2023-2033 strategic themes is underpinned by the enabling activities that support the work of the HSCP to achieve good outcomes for individuals.

3.4. Monitoring performance and the activity designed to improve services is critical if the vision of the Strategic Commissioning Plan is to be achieved. This reflects the need to efficiently and effectively drive service improvement, in particular:

3.4.1. make best use of technology
3.4.2. streamline reporting arrangements
3.4.3. provide deeper insight into service delivery and operational practice,
3.4.4. underpin and drive service improvement and modernisation,
3.4.5. use effectively management self-assessment tools and regular audit process.

3.5 Therefore the continued development of effective and integrated performance analysis is crucial, ensuring relevant data supports financial planning, workforce planning, meaningful Commissioning Consortia, transformation and modernisation of care, support and treatment, thus improving decision making and outcomes for communities.

4. Conclusion

4.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Scheme, and as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Integration Joint Board.

4.2. Performance reports are being used across service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data. Work continues align the performance reporting in line with the Integrated Performance Framework, already agreed in June 2024, and based on access to activity data and performance information for all delegated NHS and Council services.

4.3. As agreed in June 2024, reporting of activity data from the three partner organisations' systems for activity data is developing however the collation of service level data continues often to be a manual task from individual systems. As can be seen within this Report, mechanisation of the data using Pentana is already in place, in some areas of service, and will continue to be developed through 2024 - 2025.

4.4. Performance and operational colleagues are working to add further service level targets into Pentana and the programme of modernisation and transformation has built in performance measures and measurement of outcomes for people as part of the developing dashboards. This increased reporting will be seen through the quarterly performance reports presented to the Board throughout 2024 - 2025.

5. Appendices

Appendix 1 Quarter One Executive Summary (July to September 2024)
Appendix 2 Quarter One Performance Report (July to September 2024)

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐

Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	See 1.13. The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Appendix 1

Clackmannanshire & Stirling Integrated Joint Board Quarter Two Performance Report (July to September 2024)

Executive Summary

Strategic Theme 1 Prevention, Early Intervention & Harm Reduction

Please see detailed performance report for MAT Standards 1,2, 3 & 5 which are now included in the report.

Improved Indicators:

- Although not above the target of 90% the percentage of FV patients who commenced psychological therapy within 18 weeks of referral at end of quarter increased from 78.1% in Q1 to 79.8% in Q2. This is an increase from 2023/24 Q2 67.1%.
  This improvement can be explained by a combination of good uptake of digital therapies which routinely begin within 18 weeks and the end of trainee placements which reduces capacity to start therapy with for patients who have had lengthy waits.
- Although Mental Health admissions have shown a small increase from 48 in 2024/25 Q1 to 53 in 2024/25 Q2 readmissions within 28 days reduced from 26 in Q1 2024/25 to 18 in Q2 2024/25.
- In 2024/25 Q1 98.8% of HSCP people referred with their drug or alcohol problem (excl Prisons) who waited no longer than three weeks for treatment that supports their recovery. This continues to be above the 90% HEAT Target.
- Although the number of Standard Delayed discharges census point decreased from 23 in 2024/25 Q1 to 22 in 2024/25 Q2 this is an increase from 18 in September 2023.

Deteriorated indicators:

- There has been an increase in the rate of HSCP A&E attendances (age 18+) from 1,326 in September 2023 to 1,430 in September 2024.
- The September 2024 compliance for the Clackmannanshire and Stirling Partnership highlights a decrease in performance to 52% compared with 53.7%% in September 2023. It should be noted that national reporting guidelines changed in July 2023 with the removal of planned Emergency Department attendance data. This has impacted the 4 hour Emergency Access Standard compliance with a downward shift recorded. The national target aims to have 95% of attendances seen and subsequently admitted, transferred or discharged in less than 4 hours.
- Occupied bed days attributed to HSCP standard delayed discharges at census point increased from 664 in 2024/25 Q1 to 874 in 2024/25 Q2.
- Readmissions to hospital rate per 1,000 admissions in last month of quarter reduced from 55.6 in September 2023 to 41.8 in September 2024. However this is an increase from 32.5 at the end of June 2024.

Strategic Theme 2: Independent living through choice and control

- New Key Indicators are being developed for the Right Care Right Time and a dashboard collating baseline data has been designed and is being scrutinised operationally and at senior management level.
- The Community Mental Health Team offer a minimum of three sessions of post-diagnostic support for every Clackmannanshire and Stirling resident who receives a diagnosis of dementia. Information from third sector supports is being developed.

Strategic Theme 3: Achieving care closer to home

Improved Indicators:

- Hospital at home bed days for HSCP residents in quarter increased from 486 in 2023/24 Q4 to 532 in 2024/25 Q1 (reported one quarter behind).
- No of people waiting for a Package of Care at last week of quarter increased from 54 at the end of 2024/25 Q1 to 74 at the end of 2024/25 Q2. This is still a reduction from the 127 in 2023/24 Q2.

Deteriorated indicators:

- The number of HSCP residents waiting to move into Reablement snapshot last week in quarter has increased from 14 in Q1 2024/25 to 19 in Q2 20224/25. This is still below the 33 reported in 2023/24 Q2.
- The number of HSCP residents waiting to move out of Reablement to a framework provider snapshot last week in quarter has also increased from 16 in 2024/25 Q1 to 19 in 2024/25 Q2. Again this is still below the 39 reported in 2023/24 Q2.
- The percentage of Reablement clients with reduced or no hours after Reablement service has decreased from 64% in 2024/25 Q1 to 56% in 2024/25 Q2.

Strategic Theme 4: Supporting empowered people and communities

- New services for carers
  - Mobilise service - Discover - 3,987 of individuals reached in the quarter
  - Mobilise service - Engage - 541 individuals engaging in further services in the quarter
  - Mobilise service - Support - 189 individuals engaging in deeper support in the quarter
    In the Mobilise indicators, a reducing trend can be seen however campaigns to reach carers at the start of the contract would be more frequent to build an online community of carers with the objective to achieve targets to reflect the contract value.
  - Citizens Advice Bureau - 74 Active Clients accessing Carer Project during 2024/25 Q2
  - Citizens Advice Bureau - 16 New Clients accessing Carer Project during 2024/25 Q2

Improved Indicators:

- The number of carers registered and active with the Carers Centres at the end of the quarter has increased from 2778 in 2024/25 Q1 to 2848 in 2024/25 Q2.
- The number of new adult carers registered by the Carers Centres has increased from 158 in 2024/25 Q1 to 168 in 2024/25 Q2.
- 49 Adult Carer Support plans were completed by Adult Social Care Services in 2024/25 Q2.
- Number of social prescribing referrals for Clackmannanshire & Stirling through Community Link Workers (CLW) has increased from 54 in 2024/25 Q1 to 89 in 2024/25 Q2. This has increased from the 39 referrals in 2023/24 Q2
- Number of social prescribing encounters for Clackmannanshire & Stirling through Community Link Workers (CLW) has increased from 382 in 2024/25 Q1 to 389 in 2024/25 Q2. This has increased from 143 in 2023/24 Q2.

Deteriorated indicators:

- Number of carers accessing individual support from Carers Centre decreased from 522 in 2024/25 Q1 to 456 in 2024/25 Q2.
- Number of Adult Carer Support Plans completed by Carer Centres decreased from 107 in 2024/25 Q1 to 103 in 2024/25 Q2.

This reflects the partnership working between the community approaches to provide support based on the needs of carers.

Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 12

Quarter Two Performance Report (July to September 2024)

For Approval

Paper Approved for Submission by:	David Williams, Chief Officer
Paper presented by	Wendy Forrest, Head of Strategic Planning and Health Improvement
Author	Ann Farrell, Principal Analyst Michelle Duncan, Planning & Policy Development Manager
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration functions as set out in the current Strategic Commissioning Plan 2023-2033.

Recommendations:	The Integration Joint Board is asked to: 1) Review and consider the content of the Report. 2) Agree the content of Quarter Two (July to September 2024) Executive Summary (Appendix 1) & Report (Appendix 2).

Key issues and risks:	Routine collection, collation and reporting of data across constituent organisations recording systems continues to be a risk. The replacement of information systems which is unlikely to occur in the short term means progress will continue to be limited by the constraints of current information systems and capacity.

1. Background

1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting, this paper is being presented to support the IJB to discharge its role in scrutiny and oversight of the performance of delegated integration functions.

1.2. Underpinning scorecards for the delegated services are established and work is ongoing to provide this data down to Locality level. Some delegated NHS data is now included in the attached report and other data will follow as there is systematisation of activity and performance data.

1.3. Service plans and related performance indicators are also being developed, as well as key indicators aligning to the Strategic Commissioning Plan 2023/33 and Integrated Performance Framework approved by the IJB in June 2024. This Quarterly Performance Report will therefore continue to develop as data becomes available, and performance measures are agreed.

1.4. The content of this report is actively monitored, and the information supports wider planning, performance and delivery in areas such as Locality Planning, delivery of the Strategic Commissioning Plan and the monitoring through the Transformation Board programme of work.

1.5. There are key measures linked to national programmes to improve management and delivery of Unscheduled Care. The approach aims to reduce delays for every patient's journey through whole-system planning and effective preparation for discharge; adopting 'home first' approach using a model of 'discharge to assess' as good practice.

2. Considerations

2.1. The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving the experiences and quality of services for people using those services, unpaid carers and their families. Linkages between the Strategic Commissioning Plan priorities, National Health and Wellbeing Outcomes and the National Health and Care Standards are illustrated in the report.

2.2. It has been agreed with the Chief Officer that where quarterly national data was available, that this would be included in the report. At this point Public Health Scotland (PHS) have published data to March 2024.

2.3. The Quarter Two Performance Report has been aligned to the Strategic Commissioning Plan 2023/2033. It also sits within the context of the HSCP's Integrated Performance Framework, which was agreed by the IJB at the Board meeting on 19th June 2024.

2.4. Locality Planning Network updates are included in the report providing oversight in relation to overall performance of locality planning against the Strategic Commissioning Plan, National Outcomes and relevant national performance targets.

2.5. This report highlights each of the sources of the data i.e. from national reports (which means that when it is NHS data it will include all residents of the HSCP area who may have attended more than one acute hospital), local NHS systems or local authority social care recording systems. This report is seeking to ensure that data is as accessible as possible to a range of readers and is therefore following guidance around the presentation of the information and data.

2.6. In line with requirements, data is principally presented to report activity at HSCP level and where it is appropriate data may be reported at health board, local authority or locality level. However, where numbers are lower than 5, these will be noted to prevent the risk of identification of an individual.

2.7. Where data is not available for the current quarter this will be noted as "not available" and the latest information available may be included.

2.8. Where data is affected by completeness this is denoted with a "p".

3. Development of Quarterly Performance Reports

3.1. The Board is asked to approve quarterly performance reports.

Quarter One	April 1st to June 30th 2024	7th August 2024
Quarter Two	July 1st to September 30th 2024	20th November 2024
Quarter Three	October 1st to December 31st 2024	26th March 2025
Annual Performance Report	January 1st to March 31st 2025	July 2025

3.2. These Performance Reports continue to develop based on areas of focus and feedback from members of the Integration Joint Board and committees as well as wider stakeholders from the Strategic Planning Group. Some key performance indicators relating to NHS delegated functions have now been added to the body of the Report.

3.3. There continues to be activity within the HSCP to link spend to outcomes for people; this includes developing targets and monitoring activity data for delegated service areas. Delivering the Strategic Commissioning Plan 2023-2033 strategic themes is underpinned by the enabling activities that support the work of the HSCP to achieve good outcomes for individuals.

3.4. Monitoring performance and the activity designed to improve services is critical if the vision of the Strategic Commissioning Plan is to be achieved. This reflects the need to efficiently and effectively drive service improvement, in particular:

3.4.1. make best use of technology
3.4.2. streamline reporting arrangements
3.4.3. provide deeper insight into service delivery and operational practice,
3.4.4. underpin and drive service improvement and modernisation,
3.4.5. use effectively management self-assessment tools and regular audit process.

3.5 Therefore the continued development of effective and integrated performance analysis is crucial, ensuring relevant data supports financial planning, workforce planning, meaningful Commissioning Consortia, transformation and modernisation of care, support and treatment, thus improving decision making and outcomes for communities.

4. Conclusion

4.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Scheme, and as set out in the Strategic Commissioning Plan. This report represents the process in terms of presenting a formal performance report to the Integration Joint Board.

4.2. Performance reports are being used across service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data. Work continues align the performance reporting in line with the Integrated Performance Framework, already agreed in June 2024, and based on access to activity data and performance information for all delegated NHS and Council services.

4.3. As agreed in June 2024, reporting of activity data from the three partner organisations' systems for activity data is developing however the collation of service level data continues often to be a manual task from individual systems. As can be seen within this Report, mechanisation of the data using Pentana is already in place, in some areas of service, and will continue to be developed through 2024 - 2025.

4.4. Performance and operational colleagues are working to add further service level targets into Pentana and the programme of modernisation and transformation has built in performance measures and measurement of outcomes for people as part of the developing dashboards. This increased reporting will be seen through the quarterly performance reports presented to the Board throughout 2024 - 2025.

5. Appendices

Appendix 1 Quarter One Executive Summary (July to September 2024)
Appendix 2 Quarter One Performance Report (July to September 2024)

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒
Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting Empowered People and Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☐
Workforce Plan	☐
Commissioning Consortium	☐
Transforming Care	☐
Data and Performance	☒
Communication and Engagement	☐

Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board's Integration Scheme.
Risk & mitigation:	Strategic Risk Register
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	See 1.13. The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 13

Draft Revised Standing Orders

For Approval

Paper Approved for Submission by:	David Williams
Paper presented by	Lesley Fulford
Original Author(s)	David Williams
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To seek Board approval to amend Standing Orders.

Recommendations:	The Integration Joint Board is asked to approve the amended Standing Orders set out at appendix 1.

1. Background

1.1. The Integration Joint Board (IJB) last reviewed its Standing Orders on 07 August 2024.

1.2. The Interim Chief Officer has made further suggested revisions to the amended Standing Orders that require consideration by the IJB, these are presented with track changes at appendix 1. This follows presentation of an updated IJB Membership paper that was considered and approved by the IJB at its meeting on 2 October

2. Considerations

2.1. The changes that are proposed in the Standing Orders relate to membership section at:

5.2.1 relating to CSWOs
5.2.11 relating to localities
5.3 period of appointment

3. Conclusions

3.1. It is good practice to regularly review Standing Orders to ensure that they support the operation of the IJB. These proposed changes make improvements to reflect developing practice and to improve the governance process. They also ensure that meetings will run as smoothly as possible including if held by video conference.

4. Appendices

Appendix 1 – Standing Orders with proposed track changes

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒

Implications	
Finance:	None
Other Resources:	None
Legal:	The proposed changes comply with legislative requirements and the Integration Scheme
Risk & mitigation:	None
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2 The content of this report **does not** require Fairer Duty Scotland Assessment

Appendix 1

STANDING ORDERS

1. TITLE AND INTERPRETATION

1.1. These are the Standing Orders of the Clackmannanshire and Stirling Health and Social Care Integration Joint Board (hereinafter called "the IJB").

1.2. The Interpretation Act 1978 will apply to the interpretation of these Standing Orders as it applies to the interpretation of an Act of Parliament

2. COMMENCEMENT

2.1. These Standing Orders will apply from and including 25 November 2020 and reviewed by the IJB as required, but no longer than every two years.

2.2. Latest review and amended date: 7 August 2024

3. INTRODUCTION AND GENERAL PRINCIPLES

3.1. The IJB has been established by order made under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. These Standing Orders regulate the procedure and business of the IJB and its committees. All meetings of the IJB and its committees will be conducted in accordance with these Standing Orders.

3.2. The following general principles will be given effect to in the application of these Standing Orders:

3.2.1. that the role of the Chairperson is to ensure that the business of the meeting is properly dealt with and that clear decisions are reached

3.2.2. that the Chairperson will seek to promote and identify consensus among the voting members of the IJB

3.2.3. that the Chairperson has a responsibility to ensure that the view of all participants are expressed including the advice of officers when this is necessary to inform the decision, and

3.2.4 that meetings are conducted in a proper and timely manner with all members sharing responsibility for the proper and expeditious discharge of business.

4. DEFINITIONS

4.1. "Confidential Information" means –

4.1.1. (a) information provided to the IJB or any of the Constituent Authorities by a Government department upon terms (however expressed) which forbid the disclosure of the information to the public; and

4.2. (b) information, the disclosure of which to the public is prohibited by or under any enactment or by the order of a court.

4.3. "Constituent Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET and Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW or any of them as the context admits.

4.4. "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 as amended or substituted from time to time.

4.5. "Local Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, and Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET or either of them as the context admits.

4.6. "NHS FV" means Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW.

4.7. "Professional Members" means the non-voting members of the IJB as defined in Standing Order 5.2.

4.8. "Stakeholder Members" means the non-voting members of the IJB as defined in Standing Order 5.2.

5. MEMBERSHIP

5.1. **The voting members of the IJB are**:

5.1.1. three Councillors appointed by Clackmannanshire Council,

5.1.2. three Councillors appointed by Stirling Council,

5.1.3. six Directors of NHS FV of who should be non-Executive Directors but in exceptional circumstances may include a smaller number of Executive Directors, subject always to Standing Order 10.

5.2. **The non-voting members of the IJB are:**

~~5.2.1. The Chief Social Work Officer for one of the Local Authorities on a two-year rotational basis~~

5.2.1. The Chief Social Work Officer for each of the Councils

5.2.2. the Chief Officer of the IJB,

5.2.3. the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973,

5.2.4. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS FV in accordance with regulations made under section 17P of the National Health Service (Scotland) Act 1978,

5.2.5. a registered nurse who is employed by NHS FV or by a person or body with whom NHS FV has entered into a general medical services contract,

5.2.6. a registered medical practitioner employed by NHS FV and who is not providing primary medical services.

~~The IJB may wish to make additional professional appointments as appropriate and relevant to its business~~

5.2.7. A representative TU/Staffside member from each of the constituent Parties

~~5.2.8. a representative of staff of the Parties engaged in the provision of services provided under the Integration Functions,~~

~~5.2.9.~~5.2.8. a representative of Third Sector Bodies carrying out activities related to health and social care for the areas of the Constituent Authorities ~~on a two year rotational basis~~

~~5.2.10.~~5.2.9. A Service User residing in the area of the boundary of the IJB

~~5.2.11.~~5.2.10. A person providing unpaid care in the area of the boundary of the IJB

~~5.2.12. A patient of the Health Board residing in the area of the boundary of the IJB~~

5.2.11. A person representing the Locality Planning arrangements within the Clackmannanshire and Stirling Integration Authority.

~~5.2.13.~~5.2.12. The IJB may wish to make more than one appointment in these categories and additional appointments appropriate and relevant to its business

5.3. Subject to Standing Orders 5.4 all members of the IJB are appointed to serve for a period of three years and may be reappointed for one further term of office. Exceptional circumstances may lead to further terms of office for non-voting members being proposed and secured by agreement by the IJB. Exceptions to this are the CO, CFO and CSWO who maybe in post for longer than this timeframe and for whom there are no replacements.

5.4. Members will be removed from the IJB in accordance with Article 10 of the Integration Joint Board Order.

5.5. Members who fail to attend an IJB for three consecutive meetings without good reason may be removed from the IJB.

Voting members will be deemed to have their appointment to the IJB withdrawn if they no longer meet the criteria set out in Standing Order 5.1.

If a voting member resigns from the IJB, the appointing party will be entitled to appoint another representative to the IJB pursuant to Standing Order 5.1.

6. CHAIRPERSON AND VICE-CHAIRPERSON

6.1. The Chairperson appointed to serve for a period of two years shall be appointed by the Local Authorities and the Vice-Chairperson shall be appointed by NHS FV to serve for the same period.

6.2. The appointment of subsequent Chairpersons and Vice-Chairpersons must alternate between NHS FV and the Local Authorities in accordance with Article 6 of the Integrated Joint Board Order and the IJB's Integration Scheme. In each respective Local Authority appointing period, which the Integration Scheme provides shall last for two years, the Local Authorities will alternate in appointing a Chairperson for the full two-year period subject to any alternative arrangement reached by the Local Authorities as to how the Chairperson appointment should be arranged in any Local Authority appointing period. The Local Authorities will alternate in appointing a Vice-Chairperson for the full two period, subject to any alternative arrangement reached by the Local Authorities as to how the Vice-Chairperson appointment should be arranged in any Local Authority appointing period.

6.3. NHS FV and the Local Authorities may only appoint the Chairperson and Vice-Chairperson from the voting members of the IJB subject to the further proviso that NHS FV may only appoint a voting member who is a Non-Executive Director to these positions.

6.4. Subject to Standing Order 6.3, any Constituent Authority may change the person appointed by them as Chairperson or Vice-Chairperson during their term of office. The relevant Constituent Authority will provide written notice to the Chief Officer and to the Chief Executives of each of the other two Constituent Authorities confirming the name and position of the new appointment of Chairperson or Vice-Chairperson and confirmation of when

that individual's appointment as Chairperson or Vice-Chairperson will take effect. Such notice is to be provided 21 days before that appointment of Chairperson or Vice-Chairperson takes effect, any such appointment may take effect earlier than 21 days from any such notice if by agreement of all the Constituent Authorities. The same notification procedure shall be followed when the Local Authority reach an alternative agreement on the appointment of the Chairperson or Vice-Chairperson in accordance with Standing Order 6.2.

6.5. The Chairperson shall have discretion, with or without discussion, to determine all questions of procedure where no specific provision is made under these Standing Orders.

6.6. The decision of the Chairperson on all matters within his/her jurisdiction as set out in these Standing Orders shall be final. Deference shall at all times be paid to the authority of the Chairperson and Members shall address the Chairperson while speaking.

7. CALLING MEETINGS

Ordinary meetings

7.1. The IJB will operate a cycle of bi-monthly meetings from 2025 and will keep its meeting frequency under review. All meetings will be held on the days, at the times and in the places fixed by the IJB and as then published in its Programme of Meetings.

Special meetings

7.2. The Chairperson, with the agreement of the Vice Chair, may call an extraordinary meeting of the IJB should there be an urgent need for the IJB to meet out with the meetings cycle.

7.3. A request from other members of the IJB for a meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chairperson and Vice Chair.

7.4. If a request is made under Standing Order 7.3 and the Chairperson and Vice Chair refuse to call a meeting, or do not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.

7.5. The business which may be transacted at a meeting called under Standing Order 7.3 is limited to the business specified in the requisition.

8. NOTICE OF MEETINGS

8.1. Before each meeting of the IJB, or a committee of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it signed by an officer authorised by the Chairperson, together with a copy of the agenda and any reports to that meeting, is to be sent electronically to every member of the IJB or sent to the usual place of residence of every member of the IJB so as to be available to them at least five clear working days before the meeting.

8.2. A failure to serve notice of a meeting, or any reports to that meeting, on a member in accordance with Standing Order 8.1 shall not affect the validity of anything done at that meeting.

8.3. In the case of a meeting of the IJB called by members the notice is to be signed by the members who requisitioned the meeting in accordance with Standing Order 7.3.

8.4. Public notice of the time and place of meetings, listing the business to be transacted, will be intimated on the websites of the Clackmannanshire and Stirling Health and Social Care Partnership at least three clear working days before the meeting. Where a special meeting is arranged less than three clear working days before the meeting convenes, the public notice will be published as soon as practicable.

9. PUBLIC ACCESS

9.1 Every meeting of the IJB will be open to the public and media.

9.1.1 In the unlikely event that there is a matter that is to come in front of the IJB, that cannot be considered in public, schedule 7A of the Local Government (Scotland) Act 1973 will apply.

9.2 Copies of agendas and reports for meetings of the IJB will be available for the public from the Clackmannanshire and Stirling Health and Social Care Partnership website for three clear working days before meetings. Minutes of meetings of the IJB will also be published on the same website.

9.3 Except at the discretion of the Chairperson or where arrangements have been made to allow remote attendance at, or for the webcasting of, the meeting, the IJB will not allow the taking of photographs, use of mobile telephones, or music players during meetings, or the internet, radio or television broadcasting or tape or digital recording of meetings.

9.4 Members of the public will not be permitted to speak or take part in a meeting of the IJB. Members of the public may, at the discretion of the Chairperson, be denied access to any meeting of the IJB if they arrive after the designated meeting start time when the meeting is in session.

9.5 The Chairperson has power to exclude any member of the public from a meeting in order to prevent or suppress disorder or other behaviour which is impeding or is likely to impede the proceedings of the IJB.

10. ATTENDANCE, QUORUM AND REMOTE ATTENDANCE

10.1. If a voting member is unable to attend a meeting of the IJB, the Constituent Authority which nominated the member, is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member.

10.2. If a Professional Member is unable to attend a meeting of the IJB that member will arrange for a deputy to attend the meeting. It will be for the IJB to determine whether the deputy who attends the meeting is suitable to attend the meeting as a substitute.

10.3 If a member under the terms of 5.2.7 – 5.2.11 is unable to attend a meeting of the IJB that member's named substitute is expected to attend the meeting in their place. On appointment, the Member will identify the substitute who they wish to nominate to attend in any absence by them

10.4 The Standards Officer of the IJB is expected to attend all meetings.

10.5 Senior officers within the HSCP who are presenting papers to the IJB for consideration will be invited to attend and speak for the paper about which they are presenting.

10.6 A voting member substitute attending a meeting of the IJB by virtue of Standing Order 10.1 may vote on decisions put to that meeting.

10.7 The IJB quorum is one half of the voting members. No business is to be transacted at a meeting of the IJB unless it is quorate.

10.8 If there is no quorum within 15 minutes from the designated start time for a meeting of the IJB, the Chairperson will adjourn the meeting to another date and time but no later than 4 weeks from the date of the original meeting. If the Chairperson is among those absent, the minute will record that no business was transacted because of the lack of the necessary quorum.

10.9 If during any meeting the attention of the Chairperson is called to the number of voting members present, the roll will be called and, if a quorum is not present, the meeting will immediately be adjourned.

10.10 If less than a quorum is entitled to vote on an item because of declarations of interest, that item cannot be dealt with at that meeting.

10.11 Where proper facilities are available, and at the direction of the Chairperson, a member may be regarded as being present at a meeting if he or she is able to participate from a remote location by a video or other communication link.

10.12 A voting member participating in a meeting from a remote location will be counted for the purposes of deciding if a quorum is present in accordance with Standing Order 10.6

11. CONDUCT OF MEETINGS

11.1. At each meeting of the IJB, or a committee of the IJB, the Chairperson, if attending the meeting, is to preside.

11.2. If the Chairperson is absent from a meeting of the IJB or a committee of the IJB the Vice-Chairperson is to preside.

11.3. If the Chairperson and Vice-Chairperson are both absent from a meeting of the IJB or a committee of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting is to preside.

11.4. A substitute appointed in terms of Standing Order 10 may not preside.

11.5. If it is necessary or expedient to do so a meeting of the IJB, or of a committee of the IJB, may be adjourned to another date, time or place as set out in 10.5.

12. URGENT BUSINESS

12.1. Urgent business may be considered at a meeting of the IJB if the Chairperson rules that there is a special reason why the business is a matter of urgency. The reason(s) will be stated at the meeting and recorded in the minutes.

13. AGENDA SETTING

13.1. The IJB agenda will be proposed by the Chief Officer to the Chairperson and Vice Chair in advance of any meeting of the IJB and in accordance with the IJB's programme of business. The Chair and Vice Chair will thereafter agree the agenda with the Chief Officer.

13.2. The Chief Officer will approve all meeting papers and reports to the IJB for release before they are issued to IJB members.

13.3. Voting members of the IJB may request the inclusion of an item on any IJB meeting agenda, provided such a request is made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall agree with the Chairperson and Vice Chair whether the item is to be included within the agenda for any IJB meeting.

13.4. Professional Members and Stakeholder Members may submit items for inclusion in any IJB meeting agenda if the item pertains to their particular area of operation or interest and they consider it appropriate that it be included in any such agenda. Any such requests must be made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall agree with the Chairperson and Vice Chair whether the item is to be included within the agenda for any IJB meeting.

14. ORDER OF BUSINESS

14.1. The business of the IJB will proceed in the order specified in the notice calling the meeting which will be as follows, unless circumstances dictate otherwise:

14.1.1. Notification of Apologies

14.1.2. Notification of Substitutes

14.1.3. Declarations of Interest

14.1.4. Urgent Business brought forward by the Chairperson in terms of Standing Order 12. Any such business will be intimated at the start of the meeting and discussed in the order determined by the Chairperson.

14.1.5. Minutes and Matters Arising

14.1.6. Chief Officer's Update

14.1.7. For Decision with Direction

14.1.8. For Decision without Direction

14.1.9. Matters for noting will appear at the end of the agenda

14.2. After the IJB has been sitting for two hours and not longer than two and a half hours, there will be an automatic break of at least 10 minutes. At the discretion of the Chairperson the break may be extended to not more than 30 minutes.

15. CONFLICT OF INTEREST

15.1. All members of the IJB, voting and non-voting must declare at the earliest possible stage or opportunities in the proceedings, any direct financial or non-financial interest where that interest arises in relation to an item of business to be transacted at a meeting of the IJB, or a committee of the IJB.

15.2. Where a financial or non-financial interest is disclosed under Standing Order 15.1 a member must apply the proper test for conflict of interest. If the member applies the test and determines that they have an interest which is so substantial that it would be likely, in the view of a member of the public with knowledge of the facts, to prejudice that member's discussion or decision making on the matter under consideration, the member declaring that interest must leave the meeting when the matter is being discussed. If said member does not leave the meeting the meeting must be suspended by the Chair

15.3. When considering whether an interest fails to be disclosed under Standing Order 15.1, any member (including any substitute member) must have regard to the Code of Conduct for Members of the IJB and in particular Sections 4 and 5 of the Code and if required seek the advice of the Chairperson or the Standards Officer.

16. DEPUTATIONS

16.1. Deputation requests must be submitted to the Chief Officer by 5pm at least 2 clear working days before the meeting of the IJB or Committee takes place

16.2. Deputations must only be from an office bearer or spokesperson of an organisation or group, unless the chairperson exercises discretion to allow a deputation which does not meet this standing order

16.3. Deputations can only concern an item on the agenda of the forthcoming meeting and the deputation request must specify the agenda item it concerns

16.4. The chairperson will ask the IJB or committee to decide whether they wish to hear the deputation. The decision will be taken in accordance with Standing order 18.

16.5. Deputations should be allowed no more than 10 minutes to present their case to the IJB or committee, although this can be reduced by the chairperson. Members will be entitled to question the deputation subject to the general principles of these standing orders

16.6. At the end of the deputation process the deputation will return to the public seating area and will not take part in any debate, discussion or vote.

17. RECORDS

17.1. A record must be kept of the names of the members attending every meeting of the IJB or of a committee of the IJB.

17.2. Minutes of the proceedings of each meeting of the IJB or a committee of the IJB, including any decision made at that meeting, are to be drawn up and submitted to the next ensuing meeting of the IJB or the committee of the IJB

for agreement after which they must be signed by the person presiding at that meeting.

18. DECISION MAKING

18.1. Where the IJB is asked to take a decision on a recommendation in papers from officers, the Chairperson will determine whether there is consensus among members on the proposed recommendation. In the absence of consensus, the question will be determined by a majority of votes of the voting members attending.

18.2. Amendments to a recommendation may be moved and seconded by voting members, and following discussion, the Chairperson will put the matter to the vote for or against the motion.

18.3. Any motion relevant to the item of business under discussion may be moved by a voting member. If seconded, the motion will be dealt with in accordance with Standing Order 18.2 above.

18.4. In the event of an equality of votes, no decision may be made on that item of business at the meeting and Standing Order 19 will apply.

19. DISPUTE RESOLUTION

19.1. In the event of an equality of votes, the matter will be remitted to the Chief Officer to carry out such further work and to provide such further information as may be required to enable the IJB to reconsider the matter at the following IJB meeting and reach a majority or consensus decision.

20. REVOCATION OF PREVIOUS RESOLUTIONS

20.1. Any proposal to amend or revoke a decision of the IJB within six months of that decision being made will require no less than two thirds of voting members present to approve.

21. ALTERATIONS TO STANDING ORDERS

21.1. The IJB shall have the power to alter and amend these Standing Orders at any of its meetings. Any proposed amendments should be presented in 'track' changes to the existing version for ease of sight and consideration by IJB members.

22. ESTABLISHMENT OF COMMITTEES

22.1. The IJB may establish committees of its members for the purpose of carrying out such of its functions as the IJB may determine. If the IJB establishes such a committee, it will:

22.1.1. determine the membership of that committee;

22.1.2. determine the terms of reference of that committee:

22.1.3. determine who will act as Chairperson of that committee;

22.1.4. prepare and adopt a Scheme of Delegation setting out the role and remit of the committee; and

22.1.5. set out, amongst other things, the composition, quorum, programme of meetings and all other relevant matters governing the operation of the committee.

These Standing Orders apply equally to Committees of the IJB as they do the IJB, subject to any modification as is required to meet the terms of reference and constitution of Committees.

23. APPLICATION OF STANDING ORDERS

23.1. In the event that there is any inconsistency between these Standing Orders and the IJB's Integration Scheme, the IJB's Integration Scheme shall prevail

Clackmannanshire & Stirling Integration Joint Board

20 November 2024

Agenda Item 14

Integrated Clinical and Professional Care Governance Assurance

For Noting

Paper Approved for Submission by:	David Williams, Interim Chief Officer
Paper presented by	David Williams, Interim Chief Officer
Author	David Williams, Interim Chief Officer
Exempt Report	No

Directions	
No Direction Required	☒
Clackmannanshire Council	☐
Stirling Council	☐
NHS Forth Valley	☐

Purpose of Report:	To provide the IJB with assurance on integrated Clinical and Professional Care Governance within Clackmannanshire and Stirling HSCP

Recommendations:	The Integration Joint Board is asked to: 1) Note the content of the report

Key issues and risks:	Referenced at section 2.4

1. Background

1.1 At its meeting of 27 March 2024, the IJB approved a revised Framework for Clinical and Professional Care Governance arrangements within the Health and Social Care Partnership.

1.2 Linked to this is a need for a 'lean approach' within the operational arrangements of the HSCP to be able to have sight of the product and output from these arrangements from which the Chief Officer is then able to provide assurance or otherwise to the IJB.

1.3 Necessarily, this 'lean approach' is required to avoid creating duplicate or conflicting systems with those that are required to provide assurance to Health Board and councils who retain responsible for respective clinical and professional care governance for the services that they continue to deliver via the HSCP.

1.4 This lean approach has involved a change in the structure and management of the HSCP Clinical and Professional Care Governance Group (CPCGG) which is now chaired by the Chief Officer with reports being presented to the CO from each of the respective clinical and professional leads within the Partnership.

2. Period June – September 2024

2.1 The CO met with clinical and professional leads as well as system operational managers on 10 October.

2.2 Detailed reports were provided and presented by the clinical or operational leads in respect of Primary Care, Mental Health and Learning Disability; Nursing; Operational sites (Bellfield, CCHC, Menstrie House and Ludgate Care Homes, adult SWS) and the Adult Support and Protection Coordinator.

2.3 No reports were received in respect of professional standards and quality in adult social work and social care. The Interim Chief Officer has worked with the CSWOs to put in place new arrangements to enable such reporting from 2025. These arrangements essentially set an expectation that the HSCP (along with Clackmannanshire and Stirling Councils as appropriate e.g provision of relevant HR information) will provide reports and updates to the CSWOs on a quarterly basis in order that the CSWOs can then provide a professional assessment of the standards and quality of adult social work and social care to the Chief Officer.

2.4 Key issues for note for this period:

- An update of progress by HIS/Care Inspectorate on their Joint Inspection of Integrated Adult Health and Social Care provision with a focus on Mental Health. The Inspection Team had in fact concluded their activity by 10 October and all that is awaited is the final report which will be published in early December.
- A growing understanding within the Partnership that approaches to ensuring the sharing of learning from adverse events and Learning Reviews needs to be better developed.
- Waiting lists for services within the Partnership remain high, this is essentially caused by demand being very high and capacity to meet demand in traditionally operating services is unable to meet this demand. Hence the necessity for change.
- Progress on replacement client database systems in both Councils remains outstanding and is a critical risk area for Public Protection Chief Officers' Group
- Recruitment issues remain across the Partnership with significant challenges for Clackmannanshire
- An updated Missing Persons Protocol developed between Police Scotland and Mental Health service was noted.
- A learning review related to the death of a provider's member of staff in 2023 is being progressed via recruitment of an independent reviewer.
- There are challenges in the provision of care at one of the directly provided Learning Disability Services in Clackmannanshire Council which are currently being addressed by the HSCP.

3. Appendices

None

Fit with Strategic Priorities:	
Prevention and Early Intervention	☒

Independent Living through Choice and Control	☒
Achieve Care Closer to Home	☒
Supporting People and Empowering Communities	☒
Reducing Loneliness and Isolation	☒
Enabling Activities	
Medium Term Financial Plan	☒
Workforce Plan	☒
Commissioning Consortium	☒
Transforming Care	☒
Data and Performance	☒
Communication and Engagement	☒

Implications	
Finance:	There are no financial implications
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report **does not** require a EQIA
Data Protection:	The content of this report **does not** require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Guidance for public bodies can be found at: Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) **Please select the appropriate statement below:** This paper **does not** require a Fairer Duty assessment.

Strategic Planning Group
Minute of meeting held on 21 August 2024

Name	Position
In Person	
Wendy Forrest	Head of Strategic Planning and Health Improvement, Health &Social Care Partnership (HSCP)
Cllr Gerry McGarvey	Integration Joint Board Chair and Chair of Strategic Planning Group (Chair)
Jennifer Baird	Contract & Commissioning Service Manager HSCP
Mike Evan	Urban Locality Planning Network Chair
Janette Fraser	Head of Planning, NHS Forth Valley
Anthea Coulter	CTSI Third Sector Interface Clackmannanshire
Karen Garrott- Russell	Engagement Lead Stroke Association
Anita Paterson	Service Manager Health Improvement HSCP
Hazel Chalk	Short Break coordinator HSCP
Jennifer Kennedy	Carer Lead Officer, HSCP
Alan Clevett	Stirling Voluntary Enterprise Ltd
Lisa Powell	Planning and Policy Development Manager
Ewan Murray	Chief Finance Officer HSCP
Lyndsay Macnair	Thriving Community Engagement Manager, Stirling Council
Kainde Manji	Depute CEX of SVE Stirling
Zander Gray	Business Development Manager, Forth Valley Sensory Centre
Jacquie Winning MBE	Chief Executive Forth Valley Sensory Centre
Teams	
Michael Grassom	Interim CSWO Stirling Council
Joanne O Suilleabhain	Principal Public Health Officer /Keep well programme Manager
Paul Cameron	Head of Community Health & Care HSCP
Dougie Porteous	Head of Sport Physical Activity and of Inclusion Active Stirling
Linda Riley	Service User Representative
Kelly Higgins	Senior Organisational Development Lead HSCP
Emma Mitchell	SDS Lead Officer HSCP
Hazel Meechan	Public Health, NHS Forth Valley
Katy McBride	Housing, Health and Social Work Policy and Research officer HSCP
Judy Stein	Locality Manager HSCP
Laura McKenzie	Operations Manager Falkirk & Clackmannanshire Carers Centre
Lesley Fulford	Senior Planning Manager HSCP
Marjory MacKay	Strathcarron Hospice, NHS FV
Ross McCallum	Police Scotland
Julie Morrison	SC UNSION
In attendance	
Fiona Norval	Minute taker / PA
Apologies	
Allan Rennie	Vice-chair Integration Joint Board Chair
Jessie-Anne Malcolm	Public Involvement Coordinator, NHS Forth Valley
Lorraine Thomson	Stirling Council UNISON Branch Secretary
Ann Farrell	Principal Information Analyst HSCP
Michelle Duncan	Planning and Policy Development Manager
Jennifer Champion	Interim Director of Public Health NHS Forth Valley
David Williams	Interim Chief Officer HSCP/IJB
James King	GP Clinical Lead and Locality Coordinator HSCP
Julie Anne Moore	Commissioned Service Lead, Alzheimer Scotland

1. Welcome from Chair & Apologies for absence.

Gerry McGarvey welcomed all to the Strategic Planning Group (SPG).

2. Draft Minute of the meeting held on 12 June 2024 @ 2pm – Hybrid

The note of the meeting held on 12 June 2024 was approved as an accurate record.

3. Action Log & Matters Arising

Action Log picked up via agenda in meeting and updated.

Matters arising

Wendy Forrest advised that in agreement with the Chair Cllr McGarvey the agenda was given a refresh to ensure the SPG are reflecting our statutory and required duties.

- ½ hr : Performance; splitting between, Performance Reporting & LPN Chairs
- 15 mins: Commissioning Update
- ½ hr: Topic of choice
- 15 mins: Finance Update

4. Performance Reporting - Quarter 1 - *Ann Farrell Principal Analyst*

Wendy Forrest shared a presentation and provided an update around 2024/25 Quarter One Performance, (April to June 2024). Performance is linked to the priorities within the Strategic Commissioning Plan with activity data presented as part of the reporting process.

Discussion took place around "the named person". Janette Fraser advised that a wide range of work is underway to help improve capacity and flow across Forth Valley Royal Hospital including My Home First initiative. The four initial priorities for Your Home First are to:-

- Join up and streamline access to health and care services in the out-of-hours period
- Improve services and support for frail older people, including developing new pathways in the community, to avoid the need for people to attend hospital
- Review triage arrangements at the front door of FVRH to reduce delays, and avoid overcrowding in ED by maximising the use of the Urgent Care Centre and redirecting patients to other services, where appropriate.
- Improve discharge arrangements and planning across health and social care services – including implementing new ward beat arrangements to support regular daily discharges throughout the week, including at weekends

Discussion took place around isolation of carers with the group advised they would be very interested to see Mobilise data. Jennifer Kennedy will pick this up and share this data with the meeting. Wendy Forrest advised there has been a significant change around discharge with a SOP being put in place, this work is all being reviewed by NHS/HSCP/SG.

Action:	Jennifer Kennedy to shared information with group from Mobilise, which will show their digital performance to date.

Karen Garrott- Russell, advised that there is a campaign that is out at the moment with 3 main areas asking Scottish Government to change:-

- Discharge plan to go home
- Names person
- Reviewed at 6 months

It was agreed that re admission rates are key to see if we are getting discharge correct, with NHS FV currently occupying more bed space than Glasgow. There needs to be a culture change, as this had been the expectation and ethos is that home is the best location. Looking at more alternative approaches to discharge and keeping people out of hospital where possible.

5. Locality Planning - Update from Locality Planning Networks and Locality Plans - *Locality chairs*

Discussion took place around recent Locality Planning Networks, with Alan Clevett providing an update around the topics covered to date at these meetings. There was also a joint Carers Event, with HSCP and partners, held in June 23 which locality chairs attended. There is a lot of excellent background work undertaken to enable these to take place, but we need to raise the profile around all these meetings. The chair(s) advised that they will be happy to take on a more hands on role to deliver against their priorities. Colleagues from the Health Improvement team, together with Third Sector colleagues will also be more involved with planning these events.

6. Palliative and End of Life Care Commissioning Planning – Consultation
Lisa Powell Planning and Policy Development Manager

Lisa Powell shared presentation and provided an update on work to date around consultation. Five key themes were repeated throughout both the in-person community and staff sessions and the on-line survey responses:-

- **Communication**
- **Coordinated Care**
- **Future Care Planning**
- **Education/ Awareness for families and carers**
- **Bereavement Support**

Building upon preparatory work and taking into account what people told us about their experiences of P&EOLC, the following vision has been developed:-

''All those with palliative and end of life care needs are able to access compassionate, responsive and co-ordinated care and support throughout their palliative journey in their preferred location, in line with what is possible.''

Two further consultations, one in Stirling and one in Clackmannanshire, which will enable a final draft Strategic Plan to be completed in September, with a report being presented to both Clackmannanshire &Stirling & Falkirk IJB's for consideration in November 2024. A Commissioning Consortium will be set up early 2025.

Discussion took place around lining up with legislation around Right to Palliative Care, which is currently going through Scottish Government and in terms of national guidance this Strategy will take cognises where applicable.

7. Sensory Impairment Service
Jacquie Winning Forth Valley Sensory Centre – Zander Gray Development Manager

Jacquie Winning provided an update and flavour around services they provide: A presentation was shared which showed a bit of context around the Sensory Impairment Services.

Jacquie Winning advised that the Sensory Impairment Centre is a Charity in its own right and is also a partnership agency with NHS FV, Stirling & Falkirk Councils. Staff from the partnership agencies provide rehabilitations services, whilst the charity side hold events to enhance user's quality of life.

The centre was founded in 2006, with the charity supporting FV wide, with Camelon, Falkirk being the centres' location. Last year they were granted a National Lottery Funding Awarded, which help to open their doors to bring their services without walls. Zander Gray is the new Development manager whose role is to develop this, speak to communities and bring people together and provide solutions. 1 in 5 people will develop some degree of sight loss or blindness along with hearing problems.

Zander Gray shared a presentation which provided some content around her role, explaining that one issue they are experiencing is finding the people who require support, currently it is very difficult to find them. They do advertise and reach out to people in variety of ways, but would like more people to attend the centre and the main ask to this meeting is for us to assist with signposting this service.

Discussion took place around the shared visions, and ways this group could assistance with integration into other areas/users, does this fit into future Locality Planning Networks in terms of getting the message across as there is some evidence if these things not tackled it can lead to loneliness etc.

8. Carers commissioning for outcomes and Carers Act - *Jennifer Kennedy – Carer Lead Officer*

Jennifer Kennedy shared a presentation on Commissioning for Outcomes and provided an update on work to date, advising the commission cycle has 4 key actions:-

- **Analyse** – Explore other models, establish funding for supports already in place, establish impacts, engage with those with lived and living experience gathering feedback on individual outcomes, engage with providers of carer support, share findings

- **Plan -** Identify gaps in support, ensure the plan aligns with Strategic Outcomes, the Commissioning Plan, EPIC principles, Legislative requirements, and the Carers National Strategy

- **Do** - Develop the model of care for unpaid carers, strengthen partnership working by bringing providers together, negotiate and develop specific outcomes for monitoring, engage finance and procurement teams

- **Review** – Monitor contract delivery against agreed outcomes, identify areas of improvement, celebrate good results, share performance

Jennifer Kennedy provided an update around the "Plan on a Page" advising this will be published within the local Carers Strategy.

The Triangle in the centre is the model of care illustration as mentioned in the previous slide, this is a simplified version of the full model of care which details the high level outcomes and contains specifics for each of the contract elements in terms of outcomes and funding.

The Investment on the tiered Model of Care equates to the 2.2 million Carers Implementation Funding received across the HSCP area from Scottish Government. As mentioned the Model of Care was co-produced by the Carers Planning Group and the Carers Commissioning Consortium, contracts have been agreed to be commissioned to achieve this plan on a page.

Wendy Forrest provided an update around the Plan on a Page and will not be taken forward in isolation. Self-directed Support is at the core of all our commissioning going forward. Groups need to see our direction of travel around commissioning, spending the right amount of money in the right place, doing this differently. We need to have a sense of working pro-actively around the monetary constraints.

9. Financial position / Budget Update - *Ewan Murray, Chief Finance Officer*

Ewan Murray provided an update advising it continues to be a very challenging environment, more so than over recent years. The outlook is not changing and the coming period will be more challenging to all of us in terms of how we plan and develop.

A Finance report was presented to the IJB on 7 August 2024 and based on best available information and scenario planning the IJB is at substantial risk of overspend for the 2024/25 financial year unless further significant corrective action is taken and/or additional funding support is forthcoming.

There are several key areas or drivers of financial pressure, and these are common with several other areas across Scotland. These are:-

- Family Health Services Prescribing Costs and Volumes
- Unfunded Provision including Beds remaining in system (also referred to as unfunded contingency beds/UCBs) and legacy costs previously covered by covid funding.
- Temporary Workforce Costs
- Lack of Traction on Delivery of Efficiency and Savings Programmes
- Inflationary cost pressures
- Demand driven increases in volume and complexity of care requirements.
- Costs of Care Packages transitioning from Children's Services

Transformation and savings programme is pretty ambitious, we need to increase the traction on these programmes, with work on going around them. This unfortunately does not balance the budget.

A Recovery Plan will be presented to the IJB meeting of 2 October 2024, which will set out difficult decisions required to balance the budget. As and HSCP we are not alone and are involved in on-going discussion with peers across the country all hitting the same challenges. We will need to challenge ourselves on how we deliver services differently along with community engagement etc.

10. Any other business & future agenda items

Date and time of next meeting – *Hybrid Meeting - 23 October 2024 @ 2pm – 4pm; Microsoft Teams Meeting; / Stirling Council Chambers Old Viewforth Stirling FK8 2ET*

IJB Attendance Record					
Voting Members		02.10.2024	20.11.2024	29.01.2025	26.03.2025
Councillor David Wilson	Chair	P			
Allan Rennie	Vice Chair	P			
Councillor Martha Benny		P			
Councillor Wendy Hamilton		P			
Councillor Janine Rennie		P			
Councillor Martin Earl		P			
Councillor Rosemary Fraser		P			
Fairbairn, Martin		P			
Johnston, Gordon		P			
McAllister, Stephen		P			
Stuart, John		P			
Non Voting Members					
Bido, Narek		A			
Brennan, Kathleen (Dr)		P			
Clark, Robert		P			
Clevett, Alan (SVE)		P			
Duncan, Helen		A			
Grassom, Michael (CSWO)		P			
Maguire, Helen		P			
Morris, Paul		A			
Morrison, Julie (Abigail)		P			
Murray, Andrew		P			
Murray, Ewan		P			
Robertson, Lorraine		P	A		
Wallace, Eileen		P			
Williams, David		P			
Robertson, Sharon (CSWO)		P	A		
Standards Officer					
Fulford, Lesley		P			
Attendees					
Forrest, Wendy		P	A		